

SCAT
WITHDRAWAL FORM
LEAVE OF ABSENCE FORM

NAME _____ DATE _____

GROUP _____

This form must be signed and dated **30 days prior to *withdrawing from SCAT***. You will be responsible for all fees until this 30 day notice expires. If a withdrawal form is not provided, your swimmer will continue to be billed.

For swimmers taking a ***leave of absence***, this form must be completed & turned in for fees to be placed on hiatus until the swimmer returns. **LEAVE OF ABSENCE IS FOR TWO MONTHS OR LESS. OVER 2 MONTHS IS CONSIDERED WITHDRAWAL.**

Please indicate below if this is permanent or a leave of absence:

_____ WITHDRAWAL

Last day of practice = _____

_____ LEAVE OF ABSENCE

Last day of practice = _____

Month to return = _____

_____ MEDICAL LEAVE

Last day of practice = _____

Month to return = _____

It is the understanding that if the swimmer returns to the team without this form on file, then he/she is responsible for the **\$150** registration fee for returning swimmers.

Signature of parent or guardian _____

PLACE THIS FORM IN THE GRAY BOX