

PROGRAM CANCELLATION OR SUSPENSION FORM



KNOX GRAMMAR SCHOOL
AQUATIC CENTRE

PROGRAMS: SNR PERFORMANCE / SNR SQUAD / NATIONAL TARGET / JNR PERFORMANCE / JNR BLACK / JNR BLUE / ADULT SQUAD / LAP SWIMMING

To **cancel** a program enrolment you are required to provide advance notice, at least one week prior to the last day of the current month. The Responsible Person must complete and sign a cancellation form and deliver it to the Aquatic Centre. Cancellations are effective from the first day of the **next full** calendar month.

To **suspend** a program enrolment you are required to provide advance notice, at least one week prior to the last day of the current month. The Responsible Person must complete and sign a suspension form and deliver it to the Aquatic Centre. Suspensions can only be (inclusive) a minimum of 2 weeks and a maximum 4 weeks.

Responsible Person: _____ Date: _____

Participate 1: _____ Date of Birth: _____

SUSPENSION

Date from: _____ Date to: _____ (inclusive, minimum 2 weeks, maximum 4 weeks)

CANCEL

What is the main reason for cancelling:

Last Direct Debit: _____

Participate 2: _____ Date of Birth: _____

SUSPENSION

Date from: _____ Date to: _____ (inclusive, minimum 2 weeks, maximum 4 weeks)

CANCEL

What is the main reason for cancelling:

Last Direct Debit: _____

Responsible Person's Signature _____

Office Use Only Staff Member: _____ Date: _____

LEARN TO SWIM - CANCELLATION FORM



KNOX GRAMMAR SCHOOL
AQUATIC CENTRE

LEARN TO SWIM SCHOOL AGE LEVELS: 1 – 5, JUNIOR DEVELOPMENT AND MINI SQUAD

To cancel a learn to swim enrolment you are required to provide advance notice, at least one week prior to the last day of the current month. The responsible person must complete and sign a cancellation form and deliver it to the Aquatic Centre.

Cancellations are effective from the first day of the **next full** calendar month.

All outstanding Make-Up lessons are to be redeemed before the booking is cancelled, any make up lessons outstanding, will not be redeemable after the cancellation date.

Responsible Person: _____ **Date:** _____

Participate 1: _____ **Date of Birth:** _____

Lesson Day and Time: _____

Participate 2: _____ **Date of Birth:** _____

Lesson Day and Time: _____

What is the main reason for cancelling:

Last Direct Debit: _____ Last Enrolment Date: _____

Responsible Person's Signature _____

Office Use Only Staff Member: _____ Date: _____