

## Squad Adjustment Form

If you wish to apply for an adjustment to your squad fees for a swimmer's absence of more than four weeks, please complete this form and email scanned copy to [admin@sbsc.au](mailto:admin@sbsc.au).

Squad Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Swimmer Name (if different to customer): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for Request for Squad Account Adjustment: If a swimmer suffers any serious injuries or illnesses, eg fractured limbs or glandular fever, or family holidays, which necessitate a prolonged absence from training of more than 4 weeks, consideration may be given to adjusting the account in the following month.

---

---

---

---

Medical Certificate attached ☐

If swimmer will be absent for more than four weeks with a medical condition, please attach medical certificate.

First Date of absence: \_\_\_\_\_ Last Date of Absence: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
OFFICE USE ONLY ☐ Full adjustment approved; credit processed.

☐ Adjustment part approved, family advised with reasons, credit processed.

☐ Adjustment not approved, family advised with reasons

Date Completed ...../...../.....

Approved by .....