



Medical Adjustment Form

If you wish to apply for an adjustment to your squad fees for a swimmer’s absence of more than three consecutive weeks, please complete this form and return it to the following:

Malvern Academy of Swimming (Harold Holt)
malvern@academyofswimming.com.au

Glen Eira Academy of Swimming (GESAC)
gleneira@academyofswimming.com.au

Family details

Family Name _____ Parent / Guardian Name _____

Email _____

Phone _____

Individual swimmer details

Name _____ DOB _____

Reason for Request for Squad Account Adjustment: If a swimmer suffers any serious injuries or illnesses, eg fractured limbs or glandular fever, which necessitate a prolonged absence from training of more than 3 weeks, for medical reasons, consideration may be given to adjusting the account in the following month.

Medical Certificate attached

If swimmer has been absent for more than 3 weeks with a medical condition please attached medical certificate.

Dates of Account Adjustment Requested: _____

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OFFICE USE ONLY

- Full adjustment approved, credit processed
- Adjustment part approved, family advised with reasons, credit processed
- Adjustment not approved, family advised with reasons

Signed: _____

Date Received _____