

Athlete Information

Student's Name: _____

Current class: _____ Day: _____ Time: _____



Reason for un-enrolling:

- Transitional issues Injury Vacation Schedule conflict
- Medical condition Class transfer Other Schedule change by CAUSA

I understand that there will be a \$40 re-enrollment fee upon return.

Parent Signature _____ Date _____

IMPORTANT INFORMATION

I understand **A 30-DAY WRITTEN NOTICE/REQUEST** is required for all drops/cancellations. NO EXCEPTIONS. Your last day is thirty days from receipt of the notice. Upon receipt of the 30-day written notice/request, tuition will be pro-rated based on 4week/month weekly rate, and payable in full upon receipt of final bill, regardless of attendance. Failure to submit a 30-day written notice will result in additional charges until requirement is fulfilled. There is a \$40 re-enrollment fee upon return to the program.

OFFICE USE ONLY

Front desk initials: _____

Date of un-enrollment: _____

Pro-rated amount \$ _____

Entered in Roll Book & IClass