**OCST 30+ Day Leave of Absence**

**Request Form**

Swimmer’s Name: Date:

Please accept this as notice of the above swimmer’s intent to take a leave of absence greater than 30 days from the Oregon City Swim Team beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I acknowledge that this form must be submitted signed by all required parties at least thirty (30) days prior to the start of the leave of absence or I will be responsible for paying membership dues for that period. I further acknowledge that my account is current (or I am submitting payment to bring my account current with this notice).

I acknowledge that during a leave of absence greater than 30 days, my swimmer’s spot with OCST will not be guaranteed. At the time my swimmer wishes to return to OCST, I will speak with the Head Coach to determine if there is space available for my swimmer to return. I understand that during the leave of absence membership dues will be suspended. Upon returning to OCST, I agree to pay a $25 charge to reactivate my account and to pay all outstanding sums due OCST (if not already paid) prior to being able to participate in OCST activities.

Submitted by:

Coach’s Acknowledgement:

For OCST Office only:

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Current? \_\_ yes \_\_ no. If no, amount due $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (incl. service hrs/fundraising)

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