

California Dolphin Swim Team
34075 Fremont Blvd
Fremont, CA 94555



Office Phone: 510-790-SWIM
Fax: 510-796-SWIM
Web Page: www.cdstswim.org

LEAVE OF ABSENCE FORM

I, _____, am requesting a one-season Leave of Absence from the California Dolphin Swim Team as of the date referenced below. I understand and agree that the absence is subject to the terms and conditions of the Leave of Absence Policy, which states as follows:

LEAVE OF ABSENCE POLICY

Leave of Absence (LOA) (i.e., Summer vacation, High School Swimming, Water Polo, other sports or commitments): If a swimmer decides to take a leave of absence for a period of less than three months (or 92 days), they will be responsible for paying half dues for the months missed in order to keep the spot on the team **before** leaving. If a swimmer wants to return after a more than three month absence or without advanced payment, s/he will be considered a new swimmer member, and therefore subject to all first-time registration fees.

The initial payment for joining our team or the 1st payment in September for renewing annual team membership is the sum of the first month and the last month's dues plus the annual registration fee. The dues will not be prorated based on attendance.

Reason for Leave of Absence: _____

Starting date: _____ Ending date: _____

Swimmer #1: _____ Swimmer #2: _____
First Name Last Name First Name Last Name

Parent Signature: _____ Date: _____

FOR SWIM TEAM USE ONLY

Received by California Dolphin Swim Team Board Member

BOD Signature: _____ Date: _____