



Freeze Status Form

Member Name _____ Swim Level _____

This account will go on a freeze status for the months of _____

Through _____. The account will go back to active status

Effective _____, unless otherwise notified by the member.

The member has paid \$ _____.

Member Signature _____ Date _____

Staff Initials _____ Cash Check Credit Card

Membership may be on freeze at least 2 months, no more than 12 months. \$10.00+tax pre-paid per month a minimum of \$21.60 that must be paid at the time this form is completed and turned in. A \$25.00 fee will be charged at the time of reactivation. There is no charge for MEDICAL Freeze. A physician's release is required before reactivating. Membership charges will automatically take effect the 1st of the following month.
