



MISSION VIEJO NADADORES STATUS CHANGE FORM

Select Type of Leave Requested*: Medical Temporary Permanent
 (* = complete appropriate section below)

Name of Swimmer Leave Request Applies to:

	Name	Current Group	Coach
1.			
2.			
3.			

MEDICAL LEAVE (use this section when a swimmer has sustained an injury or is presenting with a medical issue of some type that is expected to keep the swimmer out of the water for at least one month. All dues are suspended and rates may be pro-rated upon return. No Service Hours accrue during this time period).

Nature of Injury/Illness:

Has swimmer seen a doctor? Yes No Anticipated date of return: _____

Medical Note attached? Yes NO (please provide ASAP to finalize leave)

TEMPORARY LEAVE: (use this section when the swimmer is in need of a short-term break from MVN; typically due to involvement in an outside activity (eg: High School Swimming or Water Polo). Temporary leave suspends dues for up to four months and there is no accrual of service hours during this time. Swimmers on leave for less than four months will be charged ½ months dues for each month of leave.)

Reason for Leave:

Anticipated date of return: _____

PERMANENT LEAVE: (use this section when swimmer wants to terminate their membership with MVN. Ending of membership is effective the first day of the month following notice. All outstanding balances are due at the end of the month, including service hour obligations through the last month of membership. Any unpaid balances must be paid before a swimmer can return to active status.)

Reason for Leave:

Is this something you discussed with the Coach and/or Division Director?
 Yes, specify: _____ No

Will Swimmer be moving to a new swim team?
 Yes, specify: _____ (used to verify standing for a new club) No

Completed by:

Name
Signature
Date

OFFICE USE ONLY

Date Received: _____ Received By: _____ Date Change Effective: _____