

Nampa Swim Team - NST Sharks
P.O. Box 753 Nampa, ID 83653

SWIMMER LEAVE OF ABSENCE FORM

Date: _____

To: Nampa Swim Team

From: _____ (Parent Name)

This is to inform the Nampa Swim Team that effective the 1st day of _____,

My son(s)/daughter(s), _____ will be taking a permanent

Temporary Leave of Absence from the swim team program. If temporary, I anticipate the Leave of

Absence to last approximately _____ months with a return date of _____.

Reason for

Leave _____

I understand that I remain fully responsible for any unpaid balances due (including prorated fundraising and service hours) to Nampa Swim Team up to the above effective date.

Submitted by,

Parent or Guardian

Return Form to:

Nampa Swim Team

Billing Volunteer

P.O. Box 753

Nampa, ID 83653

NST.Billing1@yahoo.com

Please Note!

This form must be ***completed and mailed to the team P.O. Box or emailed to the billing email address*** such that it is received by the **15th of the month preceding the month** in which the leave of absence or termination is planned to begin. Otherwise, the member will be responsible for all fees and charges normally assessed in that billing cycle. (I.e. member x wishes to take a 3 month hiatus to play basketball commencing in October. The treasurer must receive Leave of Absence form no later than September 15th; otherwise the member will be charged for October).