



Bainbridge Island Swim Club

Change in billing application

Leave of Absence (temporary)

Retire from BISC (permanent)

Parent name: _____

Swimmer's name: _____

Current Group Level: _____ New Group Level: _____

Date of change: _____ Date of Return: _____

Reason for absence/change (Check a box)

1. Intention to participate in both BHS Swim & Dive/BISC (for meets & up to three practices a week) **Girls LOA / September 1-November 30 **Boys LOA / December 1-February 28
2. Leave team permanently
3. Medical Issue (one month limit once a calendar year;medical documentation required)
4. Change in billing group levels (coach approved)
5. Leave of absence to participate in BHS Swim Team **ONLY****Girls LOA/September 1-November 30**Boys LOA/December 1-February 28

Coach Signature: _____ Date: _____

Please note the following:

1. As a matter of policy, this form is the only accepted change in billing form. Scratch paper, envelopes, conversations, or hand written notes dropped off at the pool will not be accepted. ***This policy is to facilitate the record keeping at the pool.***
2. This request is for the absence for no more than one calendar month beginning on the first day of the month noted above. This form is also used as a request to change the monthly billings and must be received by the 25th of the month for a change to take effect on the following month.
3. The request must first be approved by BISC coaches, and then delivered to the pool or mailed to the Bainbridge Island Park & Recreation District, **11700 Meadowmeer Circle NE, Bainbridge Island, WA 98110**. If this request is received after the 25th, the change will be reflected in the following monthly statement in accordance with the paragraph above.

Signature _____ Date: _____

For official use only:

Date Received: _____ Processed by: _____