

Bainbridge Island Swim Club

Change in billing application

Leave of Absence (temporary)

Retire from BISC (permanent)

Swimmers name: _____

Current Group Level: _____

Date of change: ____/____/____ Date of Return: ____/____/____

Reason for absence/change (please circle one)

1. Intention to participate in both BHS swim & Dive/ BISC (for meets & up to 3 practices a week)
**Girls LOA / Sept. 1st thru Nov. 30th **Boys LOA / Dec. 1st thru Feb. 28th
2. Leave team permanent
3. Medical Issue (1 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 / Sept. 1st thru Nov. 30th
**Boys LOA / Dec. 1st thru Feb. 28th

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 Parks and Recreation District, **7666 NE High School Road. Bainbridge Island, WA 98110**. If this request is received after the 25th then 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: _____