

⚡ FA Notice of Absence ⚡

Today's Date: _____

Name of Swimmer(s): _____

Date swimmer(s) will be out: _____

Group: _____

Reason for Leaving:

Date swimmer(s) will be returning: _____

I fully acknowledge that I will be billed for 50% of each billing month my child(ren) are absent.

Parent or Guardians Signature

Parent's Address

Signature

Print Name
