SEATTLE GYMNASTICS ACADEMY

DROP REQUEST FORM

To ensure the success of this and future classes, all drop requests must be submitted in writing no later than the 1st of the final month you wish to participate in class(es). All drop requests will be for the last day of the month. If the drop form is returned after the 1st of the month, the earliest drop date will be for the last day of the following month. Verbal drop requests are not accepted.

Example: If a family does not wish to attend classes in June, the drop form would need to be filled out, signed, and returned no later than May 1st. Their final day of class would be May 30th. If a family submits the drop form May 2nd, their final day of class would be June 30th.

Medical Drops: For medical situations verified by a written acknowledgment from a licensed medical practitioner, a credit prorated from the date the letter is received by SGA will be issued. We are unable to offer retroactive requests for medical credit.

GYMNAST'S NAME

CLASS(ES) YOU WISH TO DROP

Select the requested last day of class. Note that if the drop form is returned after the 1st of the month, the earliest drop date will be for the last day of the following month.

- ☐ JAN 31
- ☐ FEB 28/29
- ☐ MAR 31
- ☐ APR 30
- ☐ MAY 31
- ☐ JUN 30
- ☐ JUL 31
- ☐ AUG 31
- ☐ SEPT 30
- ☐ OCT 31
- ☐ NOV 30
- ☐ DEC 31

REASON FOR THE DROP

- ☐ Going out of town
- ☐ Injury or illness
- ☐ Fit with instructor
- ☐ Fit with class content
- ☐ Lost interest
- ☐ Moved
- ☐ Moved to another sport
- ☐ Schedule conflict
- ☐ Too expensive
- ☐ Taking a break - Will return
- ☐ Other: _____

Your feedback is important to us. Is there anything you'd like to share about your experience at SGA?

☐ Please keep my child on waitlists for the future ☐ Please remove my child from all waitlists

I understand that SGA will process any remaining balance due on the 20th using the payment method on file.

PARENT NAME (PRINT) PARENT SIGNATURE DATE

PLEASE RETURN THIS FORM IN PERSON OR VIA E-MAIL