



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.

- | | | | |
|------------------------------------|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> JAN 31 | <input type="checkbox"/> APR 30 | <input type="checkbox"/> JUL 31 | <input type="checkbox"/> OCT 31 |
| <input type="checkbox"/> FEB 28/29 | <input type="checkbox"/> MAY 31 | <input type="checkbox"/> AUG 31 | <input type="checkbox"/> NOV 30 |
| <input type="checkbox"/> MAR 31 | <input type="checkbox"/> JUN 30 | <input type="checkbox"/> SEPT 30 | <input type="checkbox"/> DEC 31 |

REASON FOR THE DROP

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Going out of town | <input type="checkbox"/> Fit with class content | <input type="checkbox"/> Moved to another sport | <input type="checkbox"/> Taking a break - Will return |
| <input type="checkbox"/> Injury or illness | <input type="checkbox"/> Lost interest | <input type="checkbox"/> Schedule conflict | <input type="checkbox"/> Not Progressing |
| <input type="checkbox"/> Fit with instructor | <input type="checkbox"/> Moved | <input type="checkbox"/> Too expensive | <input type="checkbox"/> 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

Electronic Signature Agreement By selecting the "I Accept" checkbox, I am signing this agreement electronically. I agree this electronic signature is the legal equivalent of my manual signature on this agreement. *I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.*

I ACCEPT

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

PARENT NAME (PRINT)

DATE

PLEASE RETURN THIS FORM IN PERSON OR VIA E-MAIL