Suspension Form – All Activities

Member Name: _____ D.O.B: _____

Phone: _____ PCYC Member No: _____

PROGRAM

☐ Gymnastics Classes ☐ Gym & Fitness Membership

Class / Squad / Membership: _____

SUSPENSION REQUEST

☐ Planned Absence ☐ Medical / Injury Absence

Start Date: _____ End Date: _____ Weeks: _____

Reason(s) for Suspension:

_____

_____

_____

AGREEMENT

I, _____, declare that I understand and agree to the conditions of suspension at PCYC NSW.

_____ _____
Customer Signature Application Date

_____ _____
Staff Signature Processed Date

RELEVANT POLICIES

Gymnastics:	Medical/Injury min 2 weeks, max 4 weeks per calendar year Planned Family Absence max 2 weeks per 6 months, minimum of 1 week at a time
Gym & Fitness:	Direct Debit Medical/Injury: min 2 weeks, max 26 weeks. Direct Debit Planned Absence: Planned min 2 weeks, max 12 weeks per year Upfront: May have expiry extended upon receipt of a valid medical certificate only.
Conditions of suspension:	1. No facility/program access during suspension period 2. Early reactivation permitted inside suspension period following a pro rata payment of time remaining prior to entry