



# Swim School Medical Credit Request

Parent Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Date of missed lesson(s) \_\_\_\_\_

*(max 2 credits available per claim)*

### Swim School Terms & Conditions

- I understand credits are only available for unforeseen medical conditions and are limited to a maximum of **2 credits per claim** – max 8 credits per year per student.
- All claims require supporting medical certificates to be attached. Medical certificates will need to relate to the member enrolled and cover appropriate date period.
- Leisure World Swim School recommends cancelling out of lessons for foreseen prolonged absences.
- Credits can be emailed to [swimschool@gosnells.wa.gov.au](mailto:swimschool@gosnells.wa.gov.au)
- Kidsport medical credits will receive max 2 extra consecutive lessons per booking (not transferrable)

Parent Signature: \_\_\_\_\_

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Office Use Only

Received Date		CSO	
Processed Date		SS Staff	
Credit Amount		ECM	