

**Clinic Drop Out /Injury Form**

Adult       Junior

**Drop Out Policy:**

- A \$75 contract cancellation fee will be charged to drop out for any reason
- Drop outs for medical reasons require a physician's note –the \$75 fee will be waived
- No drop outs will be refunded after May 1<sup>st</sup>

**Exceptions:**

- Relocation
- Injury-If you are injured, plan on returning and would like us to hold your spot, we will continue to bill your account. When you are ready to come back and provide us with a medical note, we will post a credit for those weeks to your account.

Date of notice: \_\_\_\_\_ Date dropping out: \_\_\_\_\_ Date of injury: \_\_\_\_\_

Students Name: \_\_\_\_\_

Clinic Day: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for drop out:  Loss of interest  
 Too expensive  
 Scheduling conflict  
 Season too long  
 Injury/Medical\*  
 Relocation  
 Other: \_\_\_\_\_  
 \*Doctor's note attached if reason medical

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

-----For internal use only-----

Date dropping out: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_ by cash, check, cc, cc draft, ck draft

- # of Classes Taken: \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

- Contract cancellation fee \$ \_\_\_\_\_ = \$ \_\_\_\_\_ fee waived

Total refund due: \$ \_\_\_\_\_ or A/R owed to YTC: \$ \_\_\_\_\_

- Aptus:** Charge cancellation fee   
 Return/void invoice   
 Sell class adjustment   
 Delete student from class   
 Delete billing template   
 Inform student or parent

Form approved by: SG \_\_\_\_\_ Processed by: KJ \_\_\_\_\_

Refund issued by: check \_\_\_\_\_ back to cc \_\_\_\_\_ credit to club account \_\_\_\_\_

Check payable to: \_\_\_\_\_

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