

Huntingdon Gymnastics Club Injury / Long Term Illness Application

Parent Name:

Bill Payer if not Parent:

Gymnast Name:

Class:

Date of Application:

Date of Injury:

Type of Injury:

Approximate Number of weeks of absence:

Please return this to the office as soon as possible. We will only apply discount retrospectively to your fees with the start date being the date received in the office.

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| **Office Use Accounts:** | Received date: |  | A/C Number: |  |
|  | Period start date: |  | 6 week maximum date: |  |
|  | Discount applied: |  | Cr/Db £ Due: |  |