MARTIAL ARTS / FITNESS / COACHING PROGRAMME
TERMINATION FORM

TYPE OF CLASS / COACHING			
DAY		TIME	

☐ I wish to withdraw from the above Class / Coaching Programme with effect from today, giving the club the required notice as stated below.

☐ I wish to withdraw my child/children from the above Class / Coaching Programme with effect from today, giving the club the required notice as stated below.

REASONS_____

TERMINATION OF LESSONS

- Termination of lessons verbally will not be accepted. Members who wish to terminate lessons are required to give the following notice in writing to the Sports Department via Post / Fax / Email: -
  - ***Letters received dated 1st to 20th will take effect on 1st of next month.***
  - ***Letters received dated 21st to month end will take effect on 1st of the month after next.***
- Request for IMMEDIATE TERMINATION or PRO-RATE of lessons' charges due to medical reasons must be supported by official medical certifications. For all other reasons, members are requested to write in officially to the Sports Department, subject to the management's approval.
- **TEMPORARY CESSATION is not allowed**. Members are requested to give the required notice to terminate lessons and to re-submit a fresh enrolment form to rejoin lessons.

IMPORTANT NOTES

- All Matters pertaining to Martial Arts & Fitness classes & Group Coaching Programme must be referred to the Sports Department. Confirmation between members and instructors or coaches on all matters concerning Martial Arts & Fitness classes & Group Coaching Programme will not be recognized.
- **No Lessons on Official Public Holidays and Eves of New Year and Chinese New Year** *(unless otherwise stated in the letter of commencement).* Lessons charges will be pro-rated for cancellation of lessons due to Club Official Events or unavailability of replacement during the absence of instructors and on Eves of New Year & Chinese New Year.
- The management's decision on all matters pertaining to Martial Arts & Fitness classes & Group Coaching Programme shall be final.

MEMBER'S DETAILS

NAME of Child [If Applicable]			
NAME of Member		**A/C No**:	

CONTACTS		ADDRESS	
[mobile]			
[home]			
[office]			
[fax]		***Postal Code*** : Singapore [ ]	

EMAIL:

Member's / Parent's Signature _____ Date _____

For any enquiries, please contact Tabby @ **DID** 6342-3616 / **FAX** 6345-5162 / **EMAIL** tabbys@sswimclub.org.sg