



ALPHA GYMNASTICS ACADEMY HOME OF OLYMPIAN

Withdrawal Form

Please complete this form to notify us of any changes to your registration. This form must be emailed to alpha@gymacademy.ca.

Please complete this form for each request (one for each child).

Please note that this form does not confirm your withdrawal, our admin team will reach out to you within 2 to 4 business days.

Withdrawal request are due before the 3rd of the month in order to avoid to be charged one extra month, as per the registration policy 1 month notice must be given for withdrawal. Any request after this date will be processed for the next month.

Child's First Name _____ Child's Last Name: _____

Home Phone: _____ Cell Number: _____

E-mail Address: _____

Current Class _____ Day _____ Time _____

Reason For Withdrawal

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Changes in Activity | <input type="checkbox"/> Illness | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Price | <input type="checkbox"/> Time No Longer Works | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Not interested anymore | <input type="checkbox"/> Taking a Break | <input type="checkbox"/> Other |

Please use the text box underneath if you checked the Other check box above:

Notice* I Agree: I understand that my registration will only be cancelled after Alpha Gymnastics Academy receives this completed withdrawal form, and I have received confirmation. If I change my mind, I must re-enroll in a class or be put on a waitlist. All Returned payments and Refunds are subject to a 5% charge of the refunded amount.

Notice* I Agree: I understand that my withdrawal request must be in no later than 5pm on the 3rd of the month in order to be withdrawn at the end of the current month, and that any requests which come in after this time, will be processed for the following month.

Parent Name _____ Signature _____ Date _____