



Notice to Accounts Department

Gymnast's Full name _____

Parent's name _____

Injury claim

Claim dates from ___/___/___ to ___/___/___

Medical Certificate attached: yes no

*Credits/refunds will NOT be processed without a Medical Certificate. (A medical certificate must be submitted to MWGC within 21 days of the first doctor's appointment or the first date of absence from training due to injury to be accepted).

Are you claiming full training or reduced hours ?

If reduced hours, please specify week by week how many hours the gymnast has trained.

Week 1 from ___/___/___ to ___/___/___ Hours trained _____

Week 2 from ___/___/___ to ___/___/___ Hours trained _____

Week 3 from ___/___/___ to ___/___/___ Hours trained _____

Week 4 from ___/___/___ to ___/___/___ Hours trained _____

Competition/Event claim

Name of the comp/event _____

Date ___/___/___

*Claims for Comps/Events: Medical Certificate must be received within 3 days after the comp date.

Family Holidays (Dates must be from Monday to Saturday)

Start date: ___/___/___ Return to training date ___/___/___

*Credits for family holidays will only be issued if the gymnast is away for a minimum of 4 weeks.

_____ ___/___/___ _____

Parent Signature Date Coach Signature*

*Coach signature is required in case of Injury claim, reduced training hours or event claim.

*10% admin fee for any credits/refunds.

*Please note that administration will not accept this form if all requirements are not completed.

Thank you

Processed by _____ Date ___/___/___