



**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 \_\_\_/\_\_\_/\_\_\_