

OCST Reduced Return from Medical Leave Form

Swimmer's Name: _____

Date: _____

My swimmer has been on medical leave and would like to begin reduced practices with the OCST program. Since they are unable to return to more than ½ of the weekly practices, I would like to request a Reduced Return from Medical Leave. I have discussed the return from medical leave with the Head Coach and the return from medical leave shall begin on _____. I acknowledge that I am obligated to pay ½ membership dues and may only be on reduced return from medical leave for up to two months, unless approved by the Head Coach and OCST Board. I understand that if I attend more than ½ of the practices then I will be charged full membership dues immediately. I acknowledge that my swimmer's USA Swimming registration must be paid and active prior to reentering the water. I understand that my family's volunteer obligation will resume and if my swimmer is returning from a medical leave of absence during the Annual Fundraiser – Swim-a-thon™, then there will be a fundraising obligation. I understand that Reduced Return from Medical Leave will only be approved if my account is current.

Submitted by: _____

Coach's Acknowledgement: _____

For OCST Office only:

Date Received: _____

Start Date:
