

**Juergen's Gymnastics
Cancellation/Freeze
Medical Leave/Change Class
Notification Letter**

Student: _____
Student: _____
Student: _____
Student: _____

Age: _____
Age: _____
Age: _____
Age: _____

Current Class: _____
Current Class: _____
Current Class: _____
Current Class: _____

Day/Time: _____
Day /Time: _____
Day/Time: _____
Day/Time: _____

Freezing Class Y / N
Medical Reasons Y / N
Cancellation Y / N
Change Class Y / N

Date Return _____

Reason for Freezing, Medical, Change Class or Canceling:

Change Class: _____

Moving: _____

Coaching: _____

Time Confliction: _____

Other Activities: _____

Financial: _____

Other: _____

Parents Signature: _____

Date: _____

**PLEASE NOTE: ALL CHANGES HAVE TO BE IN WRITTING
PRIOR TO THE 1st OF THE MONTH IN QUESTION. NO
EXCEPTIONS!**

**Thank You
Juergen's Gymnastics**