



Date of Application:.....

Application For Withdrawal from AFT or AFS

NAME:.....

REQUESTED DATE OF WITHDRAWAL:.....

I request a withdrawal from THE AFT/AFS for the remainder of my contract for the reason of

- Medical Condition/Injury (Please Attach Medical Certificate)
- Personal Circumstance (Please attach details)

I acknowledge and accept the following conditions:

- A. Suspension will not apply until this application is approved by the High Performance Manager and the Chairperson High Performance Program Committee (CHPPC).
- B. in the event that I elect to withdraw from the program, my individual lesson component will be suspended immediately; I will continue to pay component (b) (the squad fee) for a further two months; component (c) (the \$1,000 contribution to coach travel) will not be refunded unless I am replaced on the AFT/AFS, in which case I will be required to make a pro rata contribution so the total contribution to coach travel (by myself and my replacement) will be maintained at \$1,000.
- C. If I withdraw from the AFT/AFS without approval from the HPPC I will be ineligible to rejoin the AFT/AFS for a period of 12 months from the time I withdraw from the program.

SIGNED:.....DATE.....

(If the athlete is a minor, the application must be signed by a legal guardian).

This document should be signed, scanned, and emailed to the High Performance Manager at hpm@ausfencing.org.