HIGH PERFORMANCE CENTRE - SWIMMER EXIT FORM

Name:
Date of Birth:
Address:
Contact Details (mobile/email):
Coach:
Club/s:
PRIMARY REASON FOR YOUR EXIT FROM PROGRAMME – PLEASE CIRCLE
Retiring Changing Coach Other Reason:
I HEREBY CERTIFY THAT:
I have decided to exit the Swimming New Zealand High Performance Centre based at the Millennium Institute Auckland and am giving _____ days notice effective _____. I acknowledge that any financial assistance or sponsorship from the SNZ High Performance Centre will also cease; effective immediately.

SIGNATURE OF SWIMMER:	PLACE & DATE:
Name: Signature:	Place: Date:

COACH SIGNATURE:
Name: Date:
SIGNATURE (for and on behalf of Swimming New Zealand)
Name: Date:
PARENT / GUARDIAN SIGNATURE (where swimmer is 18 years of age or under)
Name: Date: