



## MEDICAL WITHDRAWAL FORM

<b>Club</b>		<b>Name</b>	
<b>Swim England No.</b>		<b>Gender</b>	<b>Female</b> <input type="checkbox"/> <b>Male/Open</b> <input type="checkbox"/>

In accordance with Meet Condition 7c There will be no refunds for late arrivals or withdrawals after the closing date, other than for medical conditions or injuries, and subject to the production of a doctor's certificate, or for any other reason at the promoter's discretion.

**Please provide relevant medical evidence to the Promoter Karen Huckle**

**Email: [klhuckle@sky.com](mailto:klhuckle@sky.com)**

**Evidence Supplied: Yes ☐ No ☐**

Session	Event No	Event	Admin. only Checked Sportsys

**CLUB OFFICIAL'S SIGNATURE** .....

**CLUB OFFICIAL'S NAME (PRINT)** .....