



110 Delphi Rd NW, Suite 102
Olympia, WA 98502

(360) 867-9283
(360) 866-8639 fax

Withdrawal Form

(Must be submitted at least 7 day prior to the last lesson)

Parent's / Guardian's Name

Student's Name

Lesson Day/Time

Teacher

Level

Date of Last Lesson Swimmer(s) Will Attend

Reason for Withdrawal (Circle):

Moving

Medical/Illness

Schedule Conflict

Other: _____

**PARENT/GUARDIAN MUST COMPLETE BACKSIDE OF FORM TO
COMPLETE THE WITHDRAWAL PROCESS.**

I understand that I am authorizing the release of my current class day & time when Discover Aquatics receives this completed withdrawal form. Withdrawals are final. If I change my mind, I must re-schedule. I request Discover Aquatics to terminate my scheduled lesson time & day.

Signature of Parent or Guardian

Date

Office Use

Date Received

Received by

Grid

Attd

DMax (Also Noted in Account Comments)

Program Evaluation

Your honest evaluation of our program is appreciated and helps us to continue to make improvements for you and our all of our swimmers, please check the appropriate response to each, thank you!

Service Evaluation	Excellent	Good	Fair	Poor	N/A
Customer Service- Front Desk:					
Registration Process					
Communication with Office					
Scheduling					
Availability of Staff to Address Needs					
Facility:					
Overall Cleanliness					
Functionality					
Instructor:					
Timeliness					
Communication with Swimmer					
Communication of Skills & Techniques					
Program:					
Needs of Swimmer Met					
Goals of Swimmer Met					
Overall Satisfaction with Our Program					

Please elaborate on any fair or poor assessments you may have given, please be as detailed as possible. Also, feel free to comment if you have positive feedback. Your recommendations for our program are necessary for our continued growth and improvement and help to better serve all of our families.

Comments: _____
