

FHBC Athlete Program Withdrawal Form

When an athlete withdraws from a program, this form must be completed and submitted to melody@fieldhockeybc.com as soon as possible.

TODAY'S DATE:	/_ Month	Day	/Year				
Athlete full name (print):							
Athlete date of birth:		Davis					
	Month O Fem	Day	Year O Male				
Athlete Program:	○ Tra ○ Tra	in 2 Tr in 2 Co	rain (L2T) U13 rain (T2T) U15 ompete (T2C) I Vin (L2W) U23	J18			
Athlete Region:	O No	utheas orthwe wer M terior		0	Victoria Duncan		
1. Please select the reason that best describes why you have withdrawn from your program:							
○ Illness/injury							
○ Schedule conflict							
O Personal reasons							
○ Other							
You can provide additional information here (optional):							

2.	How many training sessions did you take part in?
	☐ 1-2 sessions
	☐ 3 or more sessions
3.	How many hours of training are scheduled for your program?: Less than 20 20 hours 30 hours 1 don't know
4.	SICK/INJURED
If y	you are withdrawing due to illness or injury, do you have a doctor's note?:
	□ YES □ NO
If y	es, please include a scan/image of the note with this form.
5.	OTHER
Fee	el free to provide any relevant information here:
pro	gistered athletes may be subject to administration fees, clothing fees, an FHBC contribution and/or orated training fees. Each situation is reviewed and considered on a case-by-case basis. Consideration I be given to the timing and nature/reason of opting-out of FHBC Athlete Programs.
	elody@fieldhockeybc.com ank you