

MANHATTAN GYMNASTICS ACADEMY STUDENT DROP NOTICE

Student Name: _____ **Effective Date:** _____

Student Name: _____ **Effective Date:** _____

Student Name: _____ **Effective Date:** _____

The child/children named above have/will be dropped from their current gymnastics class effective on the date indicated above.

- Reason:
- | | |
|--|--|
| <input type="checkbox"/> Lost Interest | <input type="checkbox"/> Medical Reasons |
| <input type="checkbox"/> Coach Conflict | <input type="checkbox"/> Scheduling Conflict |
| <input type="checkbox"/> Moving out of area | <input type="checkbox"/> Going to competitor |
| <input type="checkbox"/> Other (please explain:
_____ | |

Parent Signature

Date

Parent Printed Name

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