## **Inactive Status Form**

[,	, am withdra	awing my child (ren) or myself from the TXLA program,
effective on t		ycle (monthly dues will not be partially refunded except
in the case of	a verified medical condition or in	jury).
understand	this form must be <mark>submitted by t</mark> h	ne 15th of the month before the month I plan to
<mark>withdraw.</mark> If	submitted after the 15th of the	month, the next month's fees are due in full. I
further under	stand that my account must be cu	rrent and all outstanding meet fees and
volunteer fe	es (if required) must be met before	e my membership will be cancelled.
Participant #	1:	
Participant #2	2:	
Sport(s)/Grou	ap(s):	
Month you w	ould like to go inactive:	
Reason for in	active status:	
a		
`	1 0	withdrawal and/or a partial month refund before the next billing
•	a doctor's note.)	
Please check		
		the month- I or my child (ren) plan to return before the
		. When I plan to return, I will email membership before
	the 1st of the month so they may	
		the month- I or my child (ren) will be withdrawing
		choose to return, I must obtain permission from
	the head coach	
		2025-2026 Season (Sep 2025– Aug 2026)
	O I do not plan to renew	for the 2025-2026 Season
understand t	hat my membership will be cancel	led before the next billing cycle if TXLA receives this completed
	•	fees are paid in full. If I wish to re-enroll, my account must be
		the program's head coach. I understand that I must contact
		ne 1 <sup>st</sup> of the month to reactivate my account.
		Date submitted
Parent/Participant Signature		Date sublifficed
г 1		M
Email		Phone

Please submit form by email to txlamembership@austin.utexas.edu