Inactive Status Form

Please submit form by email to txlamembership@austin.utexas.edu	
Email	Phone
Parent/Participant Signature	Date Submitted
I understand that my membership will be cancelled before Inactive Status Form by the 15th, and all my fees are paid in full. I understand that I must contact txlamembershi reactivate my account.	in full. If I wish to re-enroll, my account must be paid
O I do not plan to renew for the 202	4-2025 Season
O I plan to renew for the 2024-2025	
 Cancel my account at the end of the month- permanently for the season. 	· I or my child (ren) will be withdrawing
activate my account before the 1 st of the mo	
	I or my child (ren) plan to return before the nembership when I plan to return, so they may
Please check one:	
cycle require a doctor's note.)	
Note: Medical conditions requiring immediate withdrawa	and/or a partial month refund before the next billing
Reason for mactive status:	
Reason for inactive status:	
Month you would like to go inactive:	<u>_</u>
Sport(s)/Group(s):	<u> </u>
1 articipant #2.	
Participant #1:Participant #2:	
volunteer fees (if required) must be met before my memb	pership will be cancelled.
further understand that my account must be current and a	
withdraw. If submitted after the 15th of the month, the	
I understand this form must be submitted by the 15th of t	he month before the month I plan to
in the case of a verified medical condition or injury).	
effective on the last day of the current billing cycle (month	
[, am withdrawing my c	child (ren) or myself from the TXLA program,