Inactive Status Form

I, _____, am withdrawing my child(ren) or myself from the TXLA program, effective on the last day of the current billing cycle (monthly dues will not be partially refunded except in the case of a verified medical condition or injury).

I understand this form must be **submitted by the 15th of the month before the month I plan to withdraw. If submitted after the 15th of the month, the next month's fees are due in full**. I further understand that my account **must be current and all outstanding meet fees and volunteer fees (if required)** must be met before my membership is canceled

Participant #1: _____
Participant #2: _____

Sport(s)/Group(s): _____

Month you would like to go inactive:_____

Reason for inactive status: _____

(Note: Medical conditions requiring immediate withdrawal and/or a partial month refund before the next billing cycle require a doctor's note.)

Please check one:

- ☐ Cancel my account at the end of the month- I or my child (ren) plan to return before the season concludes on August 31st. When I plan to return, I will email membership before the 1st of the month so they may reactivate my account
- ☐ Cancel my account at the end of the month- I or my child (ren) will be withdrawing permanently for the season. If I choose to return, I must obtain permission from the head coach
  - ◯ I plan to renew for the 2027-2028 Season (Sept 2027– Aug 2028)
  - ◯ I do not plan to renew for the 2027-2028 Season

I understand that my membership will be canceled before the next billing cycle if TXLA receives this completed Inactive Status Form by the 15th, and all my fees are paid in full. If I wish to re-enroll, my account must be paid in full, and I must have approval from the program's head coach. I understand that I must contact **txlamembership@austin.utexas.edu** before the 1st of the month to reactivate my account.

_____ _____
Parent/Participant Signature Date submitted

Email _____ Phone _____

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