

**CHAMFORD GYMNASTICS**  
**MEDICAL CREDIT APPLICATION 2026**

**ALL APPLICATIONS FOR CREDIT MUST BE ACCCOMPANIED BY A MEDICAL CERTIFICATE AND WILL BE DETERMINED BY THE ACCOUNTS MANAGER. ANY CREDIT WILL APPLY TO THE NEXT TERM'S FEES & WILL ONLY BE CONSIDERED WHEN A GYMNAST MISSES 2 OR MORE CONSECUTIVE CLASSES DUE TO ILLNESS.**

<b>Gymnast's Name</b>	
<b>Class</b>	
<b>Training Hours</b>	
<b>Absence Dates</b>	
<b>Reason for Absence</b>	
<b>Medical Practitioner's Name</b>	
<b>Parent / Guardian's Name</b>	
<b>Parent/ Guardian's Signature</b>	

**Office Use Only**

Medical Certificate Approved	Credit Hours Approved	Credit Amount	Term Credit To Be Applied	Office Advised	Customer Advised