City of Burbank Parks & Recreation Department AQUATIC REFUND REQUEST FORM



Refund Requestor: _____

Date of Request: ____

AQUATIC REFUND POLICY

All requests for refunds must be submitted in writing by completing the Aquatic Refund Request Form. Refund Requestor and Parent/Guardian must be responsible party listed on account. Refund Forms may be submitted directly to the Verdugo Aquatic Facility in-person or emailed to <u>burbankaquatics@burbankca.gov</u>. Forms can be obtained at each pool (dependent on season) or online at <u>www.burbankca.gov/aquatics</u>.

- Refund/transfer requests must be received by Parks and Recreation staff a minimum of one (1) business day prior to the second- class meeting.
- No refund/transfer will be issued after the second-class meeting
- All refunds will be assessed a \$10 processing fee per transaction.
- For classes/workshops lasting two weeks or less, refund/transfer requests must be received a minimum five (5) business days prior to the start date of the class/workshop.
- In the event that a session is cancelled by the Parks & Recreation Department, a full refund will be issued.
- Make-up classes will not be offered unless cancelled by the Department.
- Medical Exemption: in the event that a medical emergency results in a withdrawal, a full refund will be given with valid documentation from an attending physician/ Refunds for medical exemptions will be pro-rated based on the amount of classes attended. Refunds for medical exemptions must be requested within two (2) weeks of the last day of the session.

Please submit the participants name, program name, start date and time for refund.

PARTICIPANT NAME	PROGRAM NAME	START DATE	START TIME

Please state the reason for the reques	t:				
Parent Name:	Parent Signature:				
Email:					
Phone & Type:					
Office Use Only					
Date Received:	Receipt:		Completed/Reviewed by:		
Approved : Date Completed:		CPR 🗆	CC 🗆		
Not Approved □ : Reason for Disappro	oval:				