

## Critical Illness/Injury Policy

### **Purpose**

The policy is to provide the Club the ability to offer a member in good standing partial financial relief from regular program fees in the event of a Critical Illness/Injury over an Extended Duration.

### **Definitions**

Critical Illness/Injury (CII) a medical condition rendering the member incapable of participating in substantially all of the activities of the program. The ability to participate in a reduced capacity does not qualify as a CII (i.e. reduced swim schedule, dry land program only, swim program only).

Extended Duration shall be a time in excess of three (3) weeks.

Date of Eligibility shall commence three (3) weeks following the member being incapable of participating in substantially all the activities of the program.

### **Qualification**

The member must apply for eligibility using an Application for Critical Illness/Injury Status form (attached). The application is reviewed by the Director of swimming and forwarded to the Exceptions Committee (EC) with a recommendation to either accept or reject the application. The EC will make the final decision on eligibility.

### **Benefits**

A member who qualifies for CII status will be eligible for an 80% reduction in regular membership dues commencing from Date of Eligibility. The benefit will accrue to the earlier of the following:

- a) the member returning to active status,
- b) the end of current swim year, or
- c) the member resigning from the Club.

In the event of a) or b), the member's Family Account will be credited for the appropriate benefit. In the event of c), the member will be reimbursed in conjunction with settlement of their Family Account balance.

There will be no reduction of Bingo or Officiating requirements.

### **Reinstatement**

The Director of Swimming will recommend to the EC the reinstatement of the member to active status when the member no longer meets the definition of CII. The Director of Swimming has the latitude to evaluate the recovery of the member and determine the appropriate date for reinstatement.

**Private and Confidential**

**Cascade Swim Club**

**Application for Critical Illness/Injury Status**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Group \_\_\_\_\_ Immediate Coach \_\_\_\_\_

Date of illness/injury \_\_\_\_\_

Description of illness/injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Application submitted by: Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Immediate Coach Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Director of Swimming Recommendation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Exception Committee Members initials \_\_\_\_\_

Approved Date of Eligibility \_\_\_\_\_

Not approved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reinstatement**

Date \_\_\_\_\_ Approved by: \_\_\_\_\_

Director of Swimming