

# REFUNDS POLICY



## Scope

This policy is an approved policy of the South Australian Little Athletics Association INC. Affiliated members of the association are required to adhere to this policy and are encouraged to adopt this at Centre level for the benefit of all members of the association.

## Introduction

The South Australian Little Athletics Association, (SALAA) has adopted a refund policy with regards to all association, registration, clinic/development and event fees. All Centres affiliated to SALAA can only allocate refunds at Centre level, but can do so at their own discretion.

## Purpose

The South Australian Little Athletics Association's policy in relation to refunds.

The definition of exceptions, structures, responsibilities and processes that have been established to give effect to this policy.

## Policy

The South Australian Little Athletics Association's Finance committee, reserves the right to waive this Refund Policy at its sole discretion and at any time. Applications must be presented in writing to the Chief Executive Officer. Such waivers shall generally be in response to extenuating or highly unusual circumstances, and in no event shall the Finance Committee be obligated to waive and/or make any final decisions on this Refund Policy.

In the event that a child was medically unable to participate in the sport, wherein; a fee was paid for their participation, it will be required that he/she provide: A note from a Doctor on letterhead, indicating why the child cannot participate. Only once this document has been provided can a refund be processed.

## Membership Registrations

**Medical Reasons:** Where the refund has been requested prior to the start of season, or the athlete has participated in a Centre meet on two or less occasions, on the grounds of medical reasons upon presentation of a doctor's certificate a full refund less \$10 Administration fee will be granted.

**Tiny Tots age group:** Where the refund has been requested for a child classified in the tiny tots age group that has participated in a Centre meet on six or less occasions, whereby the centre has determined distress for the child in his or her new environment, a full refund less \$10 Administration fee will be granted.

Refunds for non-medical reason and beyond the tiny tots age group may be requested in writing, however must fall within the following guidelines:

- The athlete must have participated in at least one Come and Try
- The athlete must have participated in no more than one centre meet
- A refund will incur a \$10 Administration fee

Membership registration refunds are processed by centres and submitted on the accompanying form.

Refer Appendix 1: Procedure: Refunding membership registrations and refund form

# REFUNDS POLICY



## Association Events

If a Parent registers and pays for a child to participate in an association event including but not limited to state events, and cancels that registration a full refund will only be provided up to 5 business days prior to the event. Cancellations after this time are non-refundable. If the Association cancels the event due to Association Weather Policies, a full refund of the specific event will be granted for the individual days cancelled.

Refer Appendix 2: Refund form for State Association Events and Clinics / Programs

## Association Clinics and Programs

If a Parent registers and pays for a child to participate in association development clinics and programs and cancels that registration a full refund less a \$20 administration fee will only be provided up to 5 business days prior to the event. Cancellations after this time are non-refundable. If the Association cancels the clinic or program due to Association Weather Policies, a full refund of the specific registration will be granted for the individual days cancelled.

Refer Appendix 2: Refund form for State Association Events and Clinics / Programs

## Authorisation

<Signature of the Chief Executive Officer> \_\_\_\_\_

<Date of approval by the Board> \_\_\_\_\_

### **For Further information on this document, please contact:**

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# REFUNDS POLICY



## Appendix 1 – Procedure: Refunding Membership Registrations

### Prefix

Centres are encouraged to adopt a refund policy based on the Association policy to cover the costs of the administrative functions of transaction costs, processing registrations, and any inventory items distributed to members.

### Purpose

To outline the procedure for the centre processing refunds for membership registrations.

### Procedure

The Centre should discuss the reason for refund with the requestor to establish if the Centre can assist in any way as to keep the membership active. Where a refund is to be processed:

1. Centre determines reason for refund after consultation with requester.
2. Centre refers to their own policy for determination if a refund for centre fees will be authorised.
3. Centre refers to the SALAA policy to determine if a refund for association fees will be authorised.
  - a. Where both centre and association fees are refundable, the centre refunds both fees less the administration charges.
  - b. Where only the centre fees are refundable, the centre refunds the centre fees less any administration charges. (The Centre may request a SALAA refund outside the scope of the policy for extenuating circumstances).
  - c. Where only SALAA fees are refundable, the centre will refund this to the requestor with notification that the centre fee is outside the scope of the centre policy.
4. Centre fills in attached form within Appendix 1 (or adapted for use by their centre) capturing all relevant information to process the refund.
5. The centre processes the refund less the administration fee.
6. The centre seeks reimbursement by submission of an invoice to SALAA accompanied by a copy of the refund request form and documentation.

# Little Athletics SA

## Refund Request Form



Purpose: Use this form when processing a membership registration refund.

**Centre:**

**Athlete Name:**

**Requester Name:**

**Phone:**

Tick the reason for refund and attach / outline relevant information

Membership	<input type="checkbox"/> <b>Medical refund</b>	<input type="checkbox"/> <b>Non-medical refund</b>
	<input type="checkbox"/> Doctors clearance <input type="checkbox"/> Outline number of meets/come and tries	<input type="checkbox"/> Outline reason <input type="checkbox"/> Outline number of meets/come and tries

**Tick the appropriate refund method**

**Payment by Cheque:**

Made out to:

Address:

**Payment by EFT:**

Name of account holder:

BSB:

Account Number:

Reason for refund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of meets:

Number of come and tries:

	\$	<b>Authorised by</b>	
Centre Registration Fee	_____		NAME
Association Fee	_____	SIGNATURE	
<b>Total Registration Fee</b>	_____	DATED	
Less			
Centre admin fee	(    )	<b>Centre Details (for reimbursement from SALAA)</b>	
Assoc admin fee	(    )		Account name:
<b>Total Refund</b>	_____		BSB:
		Account Number:	
		Institution (bank):	

## Appendix 2 – Refund form for State Association Events and Clinics / Programs

### South Australian Little Athletics Association



### Refund Request Form

Purpose: Use this form when submitting a request for refund to Little Athletics SA for Association based levies.

Please **circle** your refund levy below on the right and **attach / indicate** as required

Events	? Name of Event _____ ? Date of Event ____/____/____
Clinics/Programs	? Name of Clinic / Program _____ ? Date of Clinic / Program ____/____/____
<b>Centre (if applicable):</b>	<b>Today's Date:</b> ____/____/____
<b>Athlete Name:</b>	
<b>Requester Name:</b>	<b>Phone:</b>
<input type="checkbox"/> <b>Payment by EFT:</b> Name of account holder:  BSB: Account Number:	
Reason for refund: _____ _____ _____	
<b>OFFICEUSE ONLY</b> Levy / Registration Fee    \$ Administration Charge    \$ <b>Total Refund</b> \$	Authorised by: NAME SIGNATURE DATED