



ABSENCE REQUEST FORM

NAME OF ATHLETE: _____ DATE: _____

TEAM: _____

REQUESTING TO BE ABSENT:

MONTH: _____ DAY: _____ TIME: _____

SCHOOL ACTIVITY: _____

VACATION/OTHER: _____

WILL YOU BE ABLE TO ATTEND ANY PORTION OF THE SCHEDULED PRACTICE?

YES - OR - NO

IS SO WHICH PART? _____

1. I KNOW THAT SCHOOL RELATED ACTIVITIES FOR A GRADE ARE THE ONLY EXCUSED ABSENCES.
2. I AM AWARE THAT MY ABSENCE CAN AND WILL AFFECT THE REST OF THE TEAM PRACTICE.
3. I KNOW THAT MY PARTICULAR STUNT OR STUNT GROUP WILL NOT BE ABLE TO PRACTICE AND ALL SPACING WILL AND FORMATIONS WILL BE AFFECTED BY MY ABSENCE.
4. I PROMISE TO LEARN ANY NEW OR CHANGED MATERIAL PRIOR TO MY NEXT PRACTICE.
5. I UNDERSTAND UNAPPROVED ABSENCES MAY JEOPARDIZE AN ATHLETE'S POSITION AS A PERMANENT MEMBER OF A TEAM.

ATHLETE'S NAME

PARENT'S NAME

ATHLETE'S SIGNATURE

PARENT'S SIGNATURE

COACHES NAME

COACHES SIGNATURE

APPROVED: YES - OR- NO

COMMENTS: