

Absent Request Form

Athlete	e Name:	Date:		
Team:				
REQUE	ESTING TO BE ABSENT: (F	Form must be turned in AT LEAST 10 days prior to absence)		
Month:	Day:	Time:		
Reason	: (WE DO NOT follow your sc	:hool's vacation calendar)		
() Sch	ool activity:			
() Vaca	ation:			
() Othe	er:			
	ALL ABSENCES MUST BE	E PRE-APPROVED BY THE COACH		
is impo ABSEN 1. 2.	rtant if we want to produce water that if we want to produce water that the second is a test of the second of the	eam spot, and I have committed to being part of a team. nctions resulting in a grade are the ONLY absences that will		
	I am aware that my absences can and will impact my entire team's practice and performance. I understand that my stunt and pyramid groups will not be able to practice as a result of my absence, as well as, all of my formations and the spacing in the routine will be affected if I am not at practice. I promise to learn any new or changed choreography prior to my team's next practice.			
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	Athlete Signature	Parent Signature		
	Coach Signature	Absence Approved: () Yes () NO Date:		

Coach Comments:		