

EXTREME ALL STARS

Absence Request

Absence Information

Athlete's Name: _____

Contact Number: _____

Team: _____

Coach(es): _____

Type of Absence Requested:

Sick Vacation School Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

You must submit requests for absences, other than sick leave, two weeks prior to the first day you will be absent.

Parent's Signature

Date

Coach's Approval

Approved

Rejected

Comments:

Coach's Signature

Date