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ATHLETE ABSENCE REQUEST FORM

ATHLETE NAME: _____ DATE: _____

ATHLETE TEAM(s): _____

Athlete hereby requests the following dates/times off from gym/team-related activities:

MONTH: _____ DAY: _____ TIME: _____

SCHOOL ACTIVITY: _____

VACATION/OTHER: _____

Will you be able to attend any portion of the scheduled practice? If so, which part?

MONTH: _____ DAY: _____ TIME: _____

SCHOOL ACTIVITY: _____

VACATION/OTHER: _____

Will you be able to attend any portion of the scheduled practice? If so, which part?

1. Athlete/Parent understands that "graded" school functions are the only excused school-related absences.
2. Athlete/Parent is aware that athlete's absence can - and will - affect the rest of the team's practice; athlete understands that his/her particular stunt or stunt group will not be able to practice, and all related spacing and/or formations will be affected by athlete's absence.
3. Athlete will be responsible for learning any new/changed material prior to his/her next practice.
4. Athlete/Parent understands that any unapproved absences may jeopardize athlete's position as a permanent member of his/her team.

X _____ X _____
ATHLETE SIGNATURE PARENT SIGNATURE

X _____ Date: _____ APPROVED: YES NO
COACH SIGNATURE

Office Signature _____ Date _____

Athlete fill-in(s)/dates available: _____