

21-22 All Star Teams Planned Absence Form

Date of submission: _____

Athlete's Name: _____ Team Member of: _____

Parent's Name: _____ Best contact number _____

Parent's Email: _____

Date of the 1st Absence: _____

Date the athlete will return: _____

***Note:** Absences will receive an automatic denial on a the week of a Competition or gym approved special event

Coach's Name: _____ Approved or Denied

Dated by the Coach on : _____

Parent copy

Coaches copy

File copy