



ABSENCE REQUEST FORM

Athlete's Name: _____

Team Name: _____

Reason for Absence:

- ☐ Vacation
- ☐ Mandatory School Function _____
- ☐ Other: _____

Dates of practices Athlete will miss:

This document must be submitted **two weeks prior** to the initial absence date. Failure to provide documentation prior to the absence will result in an automatic unexcused absence. *See absence policy in IA Member Packet.*

Parent Signature

Date

Athlete Signature

Date

Coach Approval

☐ **Approved** ☐ **Denied** **Reason:** _____

Coach Signature: _____ **Date:** _____