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ABSENCE REQUEST FORM

ATHLETE NAME:

TODAY'S DATE:

DATE REQUESTING TO BE ABSENT START:

DATE REQUESTING TO BE ABSENT END:

TEAM NAME:

REASON FOR ABSENCE:

1. I KNOW THAT SCHOOL FUNCTIONS THAT RESULT IN A GRADE ARE THE ONLY EXCUSED ABSENCES.
2. I AM AWARE THAT MY ABSENCE CAN AND WILL AFFECT THE REST OF THE TEAM'S PRACTICE. I KNOW THAT MY STUNT GROUP WILL NOT BE ABLE TO PRACTICE AND ALL SPACING AND FORMATIONS WILL BE AFFECTED BY MY ABSENCE.
3. UNAPPROVED ABSENCES MAY JEOPARDIZE AN ATHLETE'S POSITION AS A PERMANENT MEMBER.
4. ANY ABSENCE DUE TO ILLNESS OR INJURY MUST HAVE A DOCTORS NOTE.

ATHLETE SIGNATURE:

PARENT SIGNATRE:

COACH SIGNATURE: