

HAWAII ALL-STARS

ABSENCE REQUEST FORM

ATHLETE NAME: _____

TODAY'S DATE: _____

REQUESTING DAYS: _____

I WILL RETURN TO PRACTICE ON: _____

REASON FOR REQUEST: _____

VACATION _____ SICK _____ FAMILY FUNCTION _____

SCHOOL _____ DR. _____ OTHER _____

IF SELECTING OTHER, PLEASE LET US KNOW THE REASON:

I UNDERSTAND THAT THIS FORM ONLY SERVES AS A REQUEST TO OBTAIN PERMISSION TO BE ABSENT ON THE DAYS REQUESTED. THIS FORM DOES NOT SERVE AS PERMISSION TO MISS PRACTICE AS ALL PRE-AGREED UPON RULES & PENALTIES FOR MISSING PRACTICE FROM HAWAII ALL-STARS STILL APPLY. I ALSO UNDERSTAND THAT FAILURE TO TURN THIS FORM IN PRIOR TO MY ABSENCE WILL CONSTITUTE AN UNEXCUSED ABSENCE, WHICH WILL RESULT IN A \$10.00 FINE & CAN ALSO RESULT IN MY REMOVAL FROM THE TEAM.

SIGNATURE OF PARENT: _____

SIGNATURE OF ATHLETE: _____

SIGNATURE OF APPROVAL: _____