



Absence Form

This form is to be completed anytime you child/children will be absent from **either a practice or swim meet**. Please complete this form and return to the coaches' mailbox **no later than the Friday prior to the week they will be absent**. These forms play a critical role in helping our coaches effectively plan for practices and meets. Your cooperation is greatly appreciated!

Today's date: _____

The following swimmer(s):

(Insert name(s) of child/children, including age and gender)

. . . will be absent from (check/complete all that apply):

() Practice on _____ () Meet on _____
(Insert date) (Insert date)

() Practice on _____ () Meet on _____
(Insert date) (Insert date)

() Practice on _____ () Meet on _____
(Insert date) (Insert date)

They will return to practice on: _____
(Insert date)

Please indicate a contact person and phone number (for questions):

Name: _____ Phone: _____

Many Thanks!