

# CHS Swimming & Diving

## Permission to be Excused

Athletes Name \_\_\_\_\_ Date \_\_\_\_\_

Date of absence(s) \_\_\_\_\_

Reason for absence

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Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Excused \_\_\_\_\_ Not Excused \_\_\_\_\_

\*This form must be turned in prior your absence.

**\*This form is for only school related activities, medical appointments, Family major events (weddings/funerals), and swimming related events.**