**Thursday Practice Exemption Form for Club Swimmers**

This form must be submitted to either Coach Prybil or Coach Cox **the day (Wednesday) before** you plan to exempt by **2:40pm. NO EXCEPTIONS.**

If practice is missed without this form, normal consequences for missing a practice will apply.

Exempt athletes will still report to the following area before 7:15 am for attendance.

 **CIRCLE ONE: POOL DECK COACH’S ROOM**

*MINIMUM OF 6 HOURS REQUIRED TO EXEMPT THURSDAY PRACTICE*

Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Day of week** | **Date** | **Hours of Practice** | **Coach’s Initials** |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |

**Club Coach’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Club Coach’s Name (print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian’s name) understand my athlete must submit this form the Wednesday prior to the exempted practice. I also understand my athlete must be present at 7:15am, or they will receive the normal consequences for missing a practice.

**Parent Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (athlete’s name) understand I must completely fill out and submit this form by 2:40pm to either swim coach in order to be exempt from practice. I also understand that I still need to be present at 7:15am, or I will receive normal consequences for skipping practice.

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*This form must be COMPLETELY filled out in order to be accepted and valid\*\**