

ABSENCE CONSENT FORM

Excused Absence: Due December 1
Sick Day: Due the Next Rehearsal Day

Name	
Date(s) of Absence	
Reason	<input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> Other <input type="checkbox"/> Sick (One-Day) <input type="checkbox"/> Sick (Multiple Days)** <i>**If you were sick for more than 2 days you must have a doctor's note to return**</i>
Total Number of Rehearsals Missed	
Will you miss any competitions due to this absence?	<input type="checkbox"/> Yes** <input type="checkbox"/> No <i>**Please note if you select Yes after December 1, your spot within the LWID will be immediately place under review.</i>

Please read and acknowledge the following items regarding absences from rehearsals:

- ❖ I understand that it is my responsibility to make up what I missed due to my absence before the next rehearsal.
- ❖ I understand there will be rehearsals my absence will not be excused when focusing on designing the shows – especially when learning drill.
- ❖ I understand that if I am unable to make up what I missed my spot maybe compromised.
- ❖ I understand that if I am missing rehearsal and do not inform a director it will count as an unexcused absence.
- ❖ Any date(s) my absence requires me to miss a show should be communicated to a director before December 1. If dates are communicated after this deadline, I understand my spot in the LWID will be immediately reviewed.
- ❖ I agree to personally communicate honestly and openly about missed rehearsals and assume all responsibility when I miss a rehearsal.
- ❖ As the parent/guardian, I understand and agree to the above understandings about my child missing rehearsal.

I have read the above and accept the terms of the absence consent form.

Unit Member Signature

Unit Member Parent Signature

Date

Date