



# SUNSET TRACK & FIELD 2022

SUNSET HIGH SCHOOL – 13840 NW Cornell Rd. – Portland, OR 97229

## PLANNED ABSENCES

**All athletes** must complete and return this form to coaches within **5 days** of joining Sunset Track & Field.

**Athlete Name:** \_\_\_\_\_

*Parents and Athletes:* After reading Sunset Track & Field’s attendance policy, please identify **all** planned absences from practice during our season in the table below. Apart from absences for sickness or emergency, any other absences **not** identified below will be considered **unexcused** and subject to penalty.

While we ask families to consider changing plans to accommodate a commitment to Sunset Track & Field (e.g., rescheduling a dental exam), we understand there are circumstances and situations that make rescheduling impractical and/or impossible.

Date of Absence			Reason for Absence
Day(s) of Week (Circle)	Month (Circle One)	Date(s) (Be specific)	
M Tu W Th F	Mar Apr May		<input type="checkbox"/> Doc/Dentist visit (previously scheduled) <input type="checkbox"/> College visit <input type="checkbox"/> Family event (briefly describe) _____ <input type="checkbox"/> Other pre-scheduled (briefly describe) _____
M Tu W Th F	Mar Apr May		<input type="checkbox"/> Doc/Dentist visit (previously scheduled) <input type="checkbox"/> College visit <input type="checkbox"/> Family event (briefly describe) _____ <input type="checkbox"/> Other pre-scheduled (briefly describe) _____
M Tu W Th F	Mar Apr May		<input type="checkbox"/> Doc/Dentist visit (previously scheduled) <input type="checkbox"/> College visit <input type="checkbox"/> Family event (briefly describe) _____ <input type="checkbox"/> Other pre-scheduled (briefly describe) _____
M Tu W Th F	Mar Apr May		<input type="checkbox"/> Doc/Dentist visit (previously scheduled) <input type="checkbox"/> College visit <input type="checkbox"/> Family event (briefly describe) _____ <input type="checkbox"/> Other pre-scheduled (briefly describe) _____
M Tu W Th F	Mar Apr May		<input type="checkbox"/> Doc/Dentist visit (previously scheduled) <input type="checkbox"/> College visit <input type="checkbox"/> Family event (briefly describe) _____ <input type="checkbox"/> Other pre-scheduled (briefly describe) _____
M Tu W Th F	Mar Apr May		<input type="checkbox"/> Doc/Dentist visit (previously scheduled) <input type="checkbox"/> College visit <input type="checkbox"/> Family event (briefly describe) _____ <input type="checkbox"/> Other pre-scheduled (briefly describe) _____

To the best of my knowledge, the dates above are the only dates of practice from which I will be absent, excepting sickness and emergencies.

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_