



ADDITIONAL EVENT EXEMPTION APPLICATION

PART A

TEAM: _____ HEAD COACH: _____

DATE: _____ CURRENT NUMBER OF EVENTS: _____

ADDITIONAL EVENT NAME: _____

EVENT DATES: _____ LOCATION: _____

NUMBER OF COMPETITION DAYS: _____ NUMBER OF TRAVEL DAYS: _____

NUMBER OF DAYS ATHLETES WILL BE AWAY FROM SCHOOL: _____

PART A OF THIS FORM MUST BE COMPLETED BY THE HEAD COACH AND GIVEN TO THE CLUB PRESIDENT. EACH ATHLETE AND AT LEAST ONE OF THEIR PARENTS WILL THEN COMPLETE PART B OF THE APPLICATION. ONCE COMPLETED, PART B OF THE APPLICATION WILL BE GIVEN TO THE TEAM MANAGER. THE TEAM MANAGER WILL THEN HAND ALL FORMS IN TO THE CLUB PRESIDENT.

IN ORDER FOR THE APPLICATION TO BE CONSIDERED FOR APPROVAL, ALL PARENTS MUST APPROVE THEIR SON OR DAUGHTER'S ATTENDANCE AT THE EVENT. IF THIS IS NOT UNANIMOUS, THE APPLICATION WILL BE DENIED. THE BOARD OF DIRECTORS WILL PROVIDE A DECISION NO LESS THAN 24 HOURS AFTER PART B OF THE APPLICATION HAS BEEN RECEIVED BY THE CLUB PRESIDENT. THE DECISION WILL BE SENT TO THE HEAD COACH AND THE TEAM MANAGER VIA EMAIL.



ADDITIONAL EVENT EXEMPTION APPLICATION

PART B

ATHLETE NAME: _____

PARENT NAME(S): _____

TO BE ANSWERED BY THE PARENT(S)

MY SON OR DAUGHTER'S ACADEMICS WILL NOT BE NEGATIVELY AFFECTED BY

ATTENDING THIS ADDITIONAL EVENT

I FULLY SUPPORT MY SON OR DAUGHTER AND THEIR TEAM ATTENDING THIS

ADDITIONAL EVENT

IF YOU FEEL THAT ATTENDING THIS ADDITIONAL EVENT WILL CREATE ANY FINANCIAL HARDSHIP, PLEASE CONTACT ANY PGYVC BOARD MEMBER.

PARENT SIGNATURE(S):
