

**Alpharetta High School
Swim & Dive Club Team Attendance Verification**

Verification of Swim Practice Attendance for: _____
(name)

Month: October November December January
 (circle one)

As a member of the Alpharetta High School swim Team, I must attend a minimum of 90% of my club team practices during the swim season.

The following are considered excused absences: illness, injury, death in the family, and college visits.

My Club Team is: _____
(please print)

My Club Coach is: _____
(please print)

Required: Signature of coach verifying that you have met these attendance requirements for the month circled above.

_____ Date: _____

Athlete's signature that you have met the attendance requirements for the month circled above.

_____ Date: _____

Forms for each month must be turned in the first week of the next month.

Return this signed form to Coach Kearney or Coach Chandalyn in person at Dynamo or via email.

- kearneys@fultonschools.org
- chandalyn@bellsouth.net