

Absent Advancement Request

Policy: Athletes that are absent from regional/district/sectional competitions are not eligible to compete at the next level of competition if their team advances, with the following exceptions:

- An athlete has an illness that is unsafe to compete or attend the qualifying competition.
- An athlete is absent due to an unforeseen and unavoidable circumstance.

Violation of the absent advancement rule includes falsifying or misrepresenting the reason for absence. Violation of this rule is considered a breach of the SOWI Codes of Conduct and discipline will be imposed accordingly.

Rules:

1. Absent Advancement Requests must be received no later than 11:59pm on the Monday following the qualifying competition.
2. Requests must be submitted on this form only. Email or phone requests will not be considered.
3. Requests must be submitted by team's Head Coach with Local Program Manager approval and signature on behalf of the absent athlete.
4. All requests will be brought to the attention of the Absent Advancement Committee.
5. Approval or denial will be made and communicated via email to the local program manager no later than three business days after the request is received. The decision of the committee shall be final and binding.

LOCAL PROGRAM MANAGER INFORMATION:

Local Program Manager Name: _____

Local Program Manager Email: _____

I verify that I have reviewed, verified reasoning, and support his Request for Absent Advancement. I understand that falsifying or misrepresenting the reason for absence is a violation of the policy and considered a breach of SOWI Codes of Conduct.

Signature: _____ Date: _____

REQUEST INFORMATION:

Date of Request: _____ Local Program Number: _____

Head Coach Submitting Request: _____

Head Coach Email: _____

Athlete Name: _____

Team Name: _____

Missed Tournament: _____

Date of Missed Tournament: _____

Reason for Tournament Absence (*provide as much detail as possible*): _____

Additional Documentation Provided:

Additional documentation is NOT required, but encouraged if available.

1. _____
2. _____
3. _____

DECISION – FOR USE BY ABSENT ADVANCEMENT COMMITTEE ONLY

Request Decision: ☐ Approved ☐ Denied

Reason: _____

Signature: _____ Date: _____

Title: _____