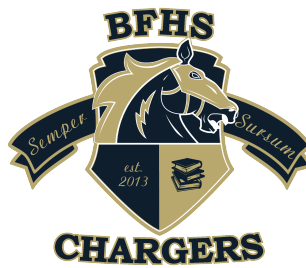


**B.F.H.S.**



**CHARGERS**

Intro to Sports Medicine Participation Make-Up Request Form

Student name: \_\_\_\_\_

Today's date: \_\_\_\_\_ Date(s) Missed: \_\_\_\_\_

Please check one of the options below to request a make-up:  
***More than one may be checked if you missed more than one day***

- 1 hour of extra practice/ game
  
- Assisting Ms. Bennett with athletic tasks
  
- Assisting Mr. Strong with athletic tasks

Please return this form to Miss Herr no later than 1 day after returning to school in order to make-up your participation in a timely manner. Once a plan is finalized, you will need to have your parents sign and return this form.

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**The following is to be completed by Miss Herr**

Finalized make-up option: \_\_\_\_\_

Date request was submitted: \_\_\_\_\_

- Date task is to be completed on: \_\_\_\_\_
  
- Date task is to be completed by: \_\_\_\_\_

**To be signed/ dated AFTER the plan has been finalized:**

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*Parent Signature*

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*Date*

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*Student Signature*

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*Date*