



Colorado Early Colleges Castle Rock High School
Competition and Practice Verification Form
PLEASE SUBMIT A PRACTICE/GAME SCHEDULE WITH THIS FORM

Student Name: _____ **Grade:** _____

Sport: _____

Competing for: (Name of High School) _____

Practice Time/Days: _____

Required Arrival Time: _____

Head Coach (print): _____

Coach Signature: _____ **Date** _____

Coach Contact Information: phone/email _____

Student Signature: _____

Date _____

Teacher name and signature _____

Submit this form verifying participation in a selected sport with the sport schedule attached. Forms submitted without a schedule will not be accepted. A coach's signature must accompany any schedule change. The schedule must be submitted in order for CECCR to excuse any absences and send weekly eligibility grades. This form does not guarantee early dismissal, and early dismissal must be authorized by the teacher. Students are responsible for the schoolwork missed during the early dismissals.

***If an all-day absence is necessary for a school athletic activity, a Pre-Arranged Absence Form must be complete and turned in to the main office.**