

RECREATIONAL CLASS MAKE-UP REQUEST FORM

Today's Date: _____

Parents Name: _____

Phone Number: _____

Phone Number: _____

Students Name: _____

Student Age: _____

Students Registered Class:

Day: _____

Time: _____

Instructor: _____

Date of Missed Class: _____

Desired Make-up Class:

Day: _____

Time: _____

Date: _____

PLEASE READ CAREFULLY:

Our Office will contact you within 1 week of your *request* to schedule your Make-up Class . Please note that this is ONLY a request, our Office will try to accommodate your preference and we will contact you to schedule your Make-up.

Students may make up 3 classes per session for absences due to illness.

All classes missed for any reason must be made up in four weeks or within each session (whichever comes first) or you will lose the class. Make-ups will **NOT** be carried over to future sessions.

I understand that I must register at the front desk in order to participate in the make-up date. Make-ups will be scheduled on a first come first serve basis.

A 24 hour cancellation notice is required. Failing to do so will result in losing that make-up Initial here _____.

I understand that any classes cancelled due to inclement weather, will be re-scheduled as make-ups on a day designated by Athletic Edge Sports Center. **Initial here _____.**

Office Use Only:

Staff Scheduled Make Up: _____

Date of scheduled Make-up: _____

Day, Time & Instructor of Make-up:

Registered for Make-up in: iClass: _____

Computer Roster: _____

Please indicate date & time if leaving a message: _____

(WE WILL ONLY CALL 3 TIMES)