

MARION

WILDCATS

Athletic Department

Marion High School

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**COVID 19**

**Athletic Travel Release Form**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Due to the current COVID-19 situation, Marion Unit #2 is allowing a parent/guardian to transport their child to and from athletic events to help with transportation issues and social distancing on a bus. NO STUDENT WILL BE ALLOWED TO DRIVE THEMSELVES TO/FROM A CONTEST. This form must be filled out for each contest they wish to travel with a parent.**

**Please fill out the following form and return to the athletic office no later than 24 hours prior to your scheduled contest. You may submit this form to the athletic office in person or via fax/email to the above number/email address. Please make sure your child’s coach is aware of the transportation arrangements.**

I will be transporting my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to and from their \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Name) (Sport)

contest on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date) (Location)

I certify that I am personally transporting the above named student.

I understand that Marion Unit #2 School District Athletic Rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the Marion Unit #2 School District from all liability for any adverse results that may occur.

I agree to release the Marion Unit #2 School District and its employees and officers from all liability with reference to the above stated transportation.

This form must be on file in the Athletic Office at least 24 hours prior to the dismissal of school on the day of contest.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Athletic Director/Principal