

MARION WILDCATS

Athletic Department

Ryan Goodisky

Athletic Director/Assistant
Principal, Ext. 248
rgoodisky@marionunit2.org

Tiffany Homoya

Athletic Secretary, Ext 249

thomoya@marionunit2.org

Marion High School

1700 Wildcat Drive

Marion, IL 62959

(618) 993-8196

(618) 997-3195 Fax

ATHLETIC TRAVEL RELEASE FORM

*Reason Must Be Urgent to Family Needs to Justify Not Riding the Bus

Date:					
This is to certify that _	has my permission to ride (to – from) the (print students name)				
(sport)	athletic contest on	(date)	at (le	ocation of event	·
	certify that I am persona				
*The reason for not ric	ling the bus is:				
from all athletic events from all liability for an I agree to release th reference to the above	Iarion Unit 2 School Distres and a departure from thing adverse results that may a Marion Unit 2 School Destated transportation. In file in the Athletic Office	is requirement wi y occur. istrict and its emp	ll release the Ma	arion Unit 2 Sch	nool District
Signature of Parent/Guardi	an	Date:		_ Phone:	
Signature of Athletic Direct		Date:		_	