

Adams School Athletic Travel Release Form

Marion Community Unit School District #2



Ms. Kim Burns, Principal
kburns@marionunit2.org

Mr. Reid Roper, Athletic Director
rroper@marionunit2.org

Adams School
15470 Lake of Egypt Road
P. O. Box 418
Creal Springs, IL 62922
618-996-2181
618-996-3339 (Fax)

Date: _____

Marion Unit #2 allows a parent/guardian to transport their child from athletic events to help with transportation issues. 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 coach or athletic director no later than 24 hours prior to your scheduled contest. You may also submit this form to the school 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 _____ **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 with the Athletic Director at least 24 hours prior to the dismissal of school on the day of contest.

Signature of Parent/Guardian Date: _____ Phone: _____

Signature of Athletic Director/Principal Date: _____