Ramstein American High School
Athletic Department

PARENT AUTHORIZATION / INFORMATION FOR SPORTS TRIPS

Please print all information:

Student Name: _____
Last Name First Name
Grade: _____
Sport: _____
Passport Number: _____

Sponsor: _____
Last Name First Name

Sponsor's Unit: _____
Living Quarters Address: _____
_____

APO Address: _____
_____

Home Phone: _____ Duty Phone: _____
Cell Phone (Optional): _____
E Mail: _____

Emergency Contact other than Sponsor:

Name: _____
Phone: _____ (Sunday – Saturday)

Permission is given for my dependent to participate in athletic competition and trips.

_____ _____
Date Signature of Parent/Sponsor