## **STUDENT TRAVEL AUTHORIZATION FORM**

**PARTICIPANT INFORMATION** (attach additional sheets if necessary)

PARTICIPANT INFORMATION (attach additional sheets if necessary)						OFFICE USE ONLY	
	Name (Last, First)	Cell Phone #	YSU ID Number	Emergency Contact Name/Relationship	Emergency Contact Phone	Medical Form & Waiver	Recognize & Prevent Hazing
1							
2							
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Only participants who have submitted completed Student Travel Assumption of Risk Waiver/Emergency Medical Treatment Form may participate in a trip. https://cglink.me/2uR/s27