2015-2016 St. Bonaventure University Club Sports Clearance Form

Date: _____/_____/_______  Grad___ Senior___ Junior___ Soph___ Frosh___

Student: _______________________________________  Gender: Female_____
Date of Birth: _____/_____/_______  Male_____

Men's Club Sports
Rugby _____
Ice Hockey _____
Lacrosse _____
Soccer ____
Basketball ____
Volleyball ____
Ski Racing ____
Running ____
Ultimate Frisbee ____

Women's Club Sports
Rugby _____
Field Hockey ____
Lacrosse _____
Soccer ____
Volleyball ____
Ski Racing ____
Running ____
Gymnastics ____

St. Bonaventure student _______________________________________________ is CLEARED to participate in Club Sports at St. Bonaventure University during the Fall of 2015 Semester and/or the Spring of 2016 Semester.

Provider Signature_____________________________________________________
Street Address_________________________________________________________
City, State, Zip Code ____________________________________________________

St. Bonaventure student _______________________________________________ is NOT CLEARED to participate in Club Sports at St. Bonaventure University during the Fall of 2015 Semester and/or the Spring of 2016 Semester until further notice.

Reason for non-clearance:_________________________________________________

Provider Signature_____________________________________________________
Street Address_________________________________________________________
City, State, Zip Code ____________________________________________________

Please check off sport(s) to be played.

Please return completed Club Clearance Forms one of three ways

Email: mbova@sbu.edu
Mail: St. Bonaventure University
Fax: 716.375.7892
Center for Student Wellness
PO Box 2469 Doyle Hall Room 127
St. Bonaventure NY 14778

*Please call 716.375.2310 if assistance is needed*