2017-2018 St. Bonaventure University
Club Sports Clearance Form

Date: _____/_____/_________             Grad ___ Senior___ Junior___ Soph ___ Fresh___

Student: ___________________________               Gender: Female____

Student Phone: ___________________ Email: ___________________             Male____

Date of Birth: _____/_____/_________

** I agree that the Center for Student Wellness Health Service and Club Sports Staff may contact me via phone call or email.  

SBU Club Sports Student Signature  

St. Bonaventure student ___________________________ is CLEARED to participate in Club Sports at St. Bonaventure University during the Fall of 2017 and/or the Spring of 2018 semester.

Printed Provider Name: _____________________________________________________________

Provider Signature or Stamp ________________________________________________________

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 2017 and/or the Spring of 2018 Semester until further notice.

Reason for non-clearance: _____________________________________________________________

Printed Provider Name: ______________________________________________________________

Provider Signature or Stamp ________________________________________________________

Street Address______________________________________________________________________

City, State, Zip Code _________________________________________/______/____

Please place an X next to the sport or sports you wish to play.

<table>
<thead>
<tr>
<th>Men's Teams</th>
<th>Women's Teams</th>
<th>Coed Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Basketball</td>
<td>___ Basketball</td>
<td>___ Running</td>
</tr>
<tr>
<td>___ Baseball</td>
<td>___ Ice Hockey</td>
<td>___ Ski Racing</td>
</tr>
<tr>
<td>___ Golf</td>
<td>___ Lacrosse</td>
<td>___ Field Hockey</td>
</tr>
<tr>
<td>___ Ice Hockey</td>
<td>___ Rugby</td>
<td></td>
</tr>
<tr>
<td>___ Lacrosse</td>
<td>___ Soccer</td>
<td></td>
</tr>
<tr>
<td>___ Rugby</td>
<td>___ Softball</td>
<td></td>
</tr>
<tr>
<td>___ Soccer</td>
<td>___ Volleyball</td>
<td></td>
</tr>
</tbody>
</table>

Please complete and return this form one of three ways:

Email: CSWSBU@SBU.EDU
Fax: 716-375-7892
Mail: St. Bonaventure University
Center for Student Wellness
PO Box 2469 Doyle Hall 127
St. Bonaventure, NY 14778
Please call 716-375-2310 for assistance.

SBU STAFF USE ONLY:    CARL STAFF: _____________    CSW STAFF: ________________

(Initial after checking the form for completeness and accuracy. Thank you.)

REVISED June 2017, CCA