

**2018-2019 St. Bonaventure University
Club Sports Clearance Form**



ST. BONAVENTURE
UNIVERSITY
FOUNDED 1863

**CLEARANCE FORM
CLUB SPORTS**

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 2018 and/or the Spring of 2019 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 2018 and/or the Spring of 2019 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.

<u>Men's Teams</u>	<u>Women's Teams</u>	<u>Co-Ed Teams</u>
<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Running
<input type="checkbox"/> Baseball	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Ski Racing
<input type="checkbox"/> Golf	<input type="checkbox"/> Rugby	<input type="checkbox"/> Field Hockey
<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Bowling
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Softball	
<input type="checkbox"/> Rugby	<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Soccer		
<input type="checkbox"/> Volleyball		

Please complete and return this form one of three ways:
 1. Scan and email: CSWSBU@SBU.EDU
 2. Fax: 716-375-7892
 3. Mail: **St. Bonaventure University**
Center for Student Wellness
PO Box 2469 Doyle Hall 127
St. Bonaventure, NY 14778
*****CELL PHONE PHOTOS OF COMPLETED FORMS ARE NOT ACCEPTABLE*****
 Please call 716-375-2310 for assistance.

SBU STAFF USE ONLY: CARL STAFF: _____ CSW STAFF: _____ Date: _____
 (Initial after checking the form for completeness and accuracy. Thank you.)