

2023-2024 St. Bonaventure University Club Sports Clearance Form



2023-2024 CLUB SPORTS CLEARANCE FORM

Today's Date: ____/____/____ Grad ____ Senior ____ Junior ____ Soph ____ Fresh ____

Student Name: _____ Gender: Female ____
Male ____

Date of Birth: ____/____/____ Cell Phone: _____

Email: _____ Self-identify: _____

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

SBU Student Signature _____

St. Bonaventure student _____ ***is CLEARED*** to participate in Club Sports at St. Bonaventure University during the Fall of 2023 and/or the Spring of 2024 semester based on my examination on (enter date): ____/____/____

Printed Provider Name _____

Provider Signature **AND 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 2023 and/or the Spring of 2024 semester ***until further notice.***

Reason for non-clearance _____

Printed Provider Name _____

Provider Signature **AND Stamp** _____

Street Address _____

City, State, Zip Code _____/____/_____

Place an X next to the sport(s) you wish to play.

<u>Men's Teams</u>	<u>Women's Teams</u>	<u>Mixed Teams</u>
<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Bowling
<input type="checkbox"/> Basketball	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Tennis
<input type="checkbox"/> Golf	<input type="checkbox"/> Rugby	
<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Soccer	
<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 return this form one of three ways:

1. Scan and email:
clubsports@sbu.edu
2. Mail: **St. Bonaventure University**
ATTN: Richter Center
PO Box V
St. Bonaventure, NY 14778
3. Fax: 1-716-375-2002

*****CELL PHONE PHOTOS OF COMPLETED FORMS ARE NOT ACCEPTABLE*****

Please call [716-375-2113](tel:716-375-2113) if you need assistance.

SBU STAFF USE ONLY: STAFF: _____ Date: _____
(Initial after checking the form for completeness and accuracy)