

2024-2025 St. Bonaventure University Club Sports Clearance Form



2024-2025 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 (name) _____ **IS CLEARED**
to participate in Club Sports at St. Bonaventure University during the Fall of 2024 and/or the Spring of 2025 semester based on my examination on (enter date): ____/____/____

Printed Provider Name _____

Provider Signature **AND Stamp** _____

Street Address _____

City, State, Zip Code ____/____/____

**The student's primary care physician must sign and stamp this form.
This form CANNOT be signed by an Urgent Care physician.**

Please also upload this completed form on your SBU Patient Portal.

St. Bonaventure student (name) _____ **is NOT CLEARED**
to participate in Club Sports at St. Bonaventure University ***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"/> Field Hockey
<input type="checkbox"/> Golf	<input type="checkbox"/> Rugby	<input type="checkbox"/> Tennis
<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:

- Scan and email:
clubsports@sbu.edu
- Mail: **St. Bonaventure University**
ATTN: Richter Center
PO Box V
St. Bonaventure, NY 14778
- 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)