

# 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 \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**\*\* 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 provider must sign and stamp this form.  
This form CANNOT be signed by an Urgent Care provider.**

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 also upload this completed form onto your SBU Patient Portal.**

**Please return this form one of three ways:**

1. Scan and email:  
[clubsports@sbu.edu](mailto: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)