

2025-2026 St. Bonaventure University Club Sports Clearance Form



2025-2026 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 2025 and/or the Spring of 2026 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>	<u>Please return this form one of three ways:</u>
<input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Golf <input type="checkbox"/> Ice Hockey <input type="checkbox"/> Lacrosse <input type="checkbox"/> Rugby <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball <input type="checkbox"/> Lacrosse <input type="checkbox"/> Rugby <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Volleyball	<input type="checkbox"/> Bowling <input type="checkbox"/> Field Hockey <input type="checkbox"/> Tennis	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 <u>NOT</u> ACCEPTABLE*** Please call <u>716-375-2113</u> if you need assistance.

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

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