

2022-2023 St. Bonaventure University Club Sports Clearance Form



2022-2023 CLUB SPORTS CLEARANCE FORM

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

Student Name: _____ Gender: Female ___
Male ___

Student Phone: _____ Email: _____

Date of Birth: ___/___/___ Self-identify: _____

**** I agree that the Center for Student Wellness Health Services Staff and 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 2022 and/or the Spring of 2023 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 2022 and/or the Spring of 2023 semester until further notice.

Reason for non-clearance _____

Printed Provider Name _____

Provider Signature **AND Stamp** _____

Street Address _____

City, State, Zip Code _____ / ___ / _____

Please place an X next to the sport or sports you wish to play.

Men's Teams	Women's Teams	Mixed Teams
<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Bowling
<input type="checkbox"/> Basketball	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Disc Golf
<input type="checkbox"/> Golf	<input type="checkbox"/> Rugby	<input type="checkbox"/> Racquetball
<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Running
<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: CARL STAFF: _____ Date: _____
(Initial after checking the form for completeness and accuracy)