# 2021-2022 St. Bonaventure University
## Club Sports Clearance Form

**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 and Club Sports Staff may contact me via phone call or email.**

**SBU Club Sports Student Signature**  
__________________________________________________________

### St. Bonaventure student ___________________________ **is CLEARED** to participate in Club Sports at St. Bonaventure University during the Fall of 2021 and/or the Spring of 2022 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 2021 and/or the Spring of 2022 semester until further notice.

**Reason for non-clearance:**

**Printed Provider Name:** _____________________________________________________________

**Provider Signature AND Stamp**

**Street Address**

**City, State, Zip Code**

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

<table>
<thead>
<tr>
<th>Men's Teams</th>
<th>Women's Teams</th>
<th>Co-Ed Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Baseball</td>
<td>___ Basketball</td>
<td>___ Bowling</td>
</tr>
<tr>
<td>___ Basketball</td>
<td>___ Lacrosse</td>
<td>___ Field Hockey</td>
</tr>
<tr>
<td>___ Golf</td>
<td>___ Rugby</td>
<td>___ Racquetball</td>
</tr>
<tr>
<td>___ Ice Hockey</td>
<td>___ Soccer</td>
<td>___ Running</td>
</tr>
<tr>
<td>___ Lacrosse</td>
<td>___ Softball</td>
<td>___ Ski Racing</td>
</tr>
<tr>
<td>___ Rugby</td>
<td>___ Volleyball</td>
<td></td>
</tr>
<tr>
<td>___ Soccer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ Volleyball</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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:** 716-375-7892

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

Please call 716-375-2113 for assistance.

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**SBU STAFF USE ONLY:**  
**CARL STAFF:** ____________  **Date:** ___________

(Initial after checking the form for completeness and accuracy)

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**REVISED June 2021 by MH**