

**2020-2021 St. Bonaventure University
Club Sports Clearance Form**



**2020 2021 CLUB SPORTS
CLEARANCE FORM**

Date: ___/___/___ Grad ___ Senior___ Junior___ Soph ___ Fresh___
 Student: _____ Gender: Female___
 Student Phone: _____ Email: _____ Male___
 Date of Birth: ___/___/___ Other: _____
 ** 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 2020 and/or the Spring of 2021 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 2020 and/or the Spring of 2021 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.

| <u>Men's Teams</u> | <u>Women's Teams</u> | <u>Co-Ed Teams</u> |
|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Running |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Ski Racing |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Rugby | <input type="checkbox"/> Field Hockey |
| <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Softball | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Rugby | <input type="checkbox"/> Volleyball | |
| <input type="checkbox"/> Soccer | | |
| <input type="checkbox"/> Volleyball | | |

Please complete and 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: 716-375-2002
*****CELL PHONE PHOTOS OF COMPLETED FORMS ARE NOT ACCEPTABLE*****
 Please call [716-375-2113](tel:716-375-2113) for assistance.

SBU STAFF USE ONLY: CARL STAFF: _____ CSW STAFF: _____ Date: _____
 (Initial after checking the form for completeness and accuracy. Thank you.)