### 2019-2020 St. Bonaventure University

**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 2019 and/or the Spring of 2020 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 2019 and/or the Spring of 2020 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.

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

Please complete and return this form one of two 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 for assistance.

### SBU STAFF USE ONLY:

CARL STAFF: ____________  CSW STAFF: ____________  Date: ____________

(Initial after checking the form for completeness and accuracy. Thank you.)

REVISED May 2019, by CA