

2019-2020 St. Bonaventure University

Club Sports Clearance Form



ST. BONAVENTURE
UNIVERSITY
FOUNDED 1863

**2019 2020 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.

<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 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](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.)