

# 2016-2017 St. Bonaventure University Club Sports Clearance Form



**ST. BONAVENTURE**  
UNIVERSITY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grad \_\_\_\_ Senior \_\_\_\_ Junior \_\_\_\_ Soph \_\_\_\_ Frosh \_\_\_\_

Student: \_\_\_\_\_ Gender: Female \_\_\_\_

Student Phone: \_\_\_\_\_ Male \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* I agree that the Center for Student Wellness Health Service and Club Sports Staff may contact me through Text.\*\***

SBU Club Sports Student Signature \_\_\_\_\_

St. Bonaventure student \_\_\_\_\_ **is CLEARED** to participate in Club Sports at St. Bonaventure University during the Fall of 2016 Semester and/or the Spring of 2017 Semester.

**Provider Signature or 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 2016 Semester and/or the Spring of 2017 Semester until further notice.

Reason for non-clearance: \_\_\_\_\_

**Provider Signature or Stamp** \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please check  off sport(s) to be played.

**Men's Club Sports**

- Basketball \_\_\_\_
- Baseball \_\_\_\_
- Golf \_\_\_\_
- Ice Hockey \_\_\_\_
- Lacrosse \_\_\_\_
- Rugby \_\_\_\_
- Running \_\_\_\_
- Ski Racing \_\_\_\_
- Soccer \_\_\_\_
- Volleyball \_\_\_\_

**Women's Club Sports**

- Basketball \_\_\_\_
- Field Hockey \_\_\_\_
- Lacrosse \_\_\_\_
- Rugby \_\_\_\_
- Running \_\_\_\_
- Ski Racing \_\_\_\_
- Soccer \_\_\_\_
- Volleyball \_\_\_\_

CSW Staff \_\_\_\_\_  
Date \_\_\_\_\_



Please return **completed** Club Clearance Forms one of three ways.

Email: [cswsbu@sbu.edu](mailto:cswsbu@sbu.edu)

Fax: 716.375.7892

Mail: St. Bonaventure University  
Center for Student Wellness  
PO Box 2469 Doyle Hall Room 127  
St Bonaventure, NY 14778

Please call 716.375.2310 if assistance is needed