## 2015-2016 St. Bonaventure University Club Sports Clearance Form

Date:/	Grad Senior_	JuniorSoph Frosh		
Student:		Gender: Female	ST. BONAVENT	
Date of Birth:/		Male		
St. Bonaventure student		<u>is CLEARED</u> to		
participate in Club Sports at St. the Spring of 2016 Semester.	. Bonaventure Univ	ersity during the Fall of 201	5 Semester and/or	
Provider Signature				
Street Address				
City, State, Zip Code		//		
St. Bonaventure student		is NO	Г <i>CLEARED</i> to	
participate in Club Sports at St.	Bonaventure Unive	ersity during the Fall of 201	5	
Semester and/or the Spring of 2	2016 Semester unti	l further notice.		
Reason for non-clearance:				
Provider Signature				
Street Address				

## Please check off sport(s) to be played.

## Men's Club Sports Rugby \_\_\_\_\_ Ice Hockey \_\_\_\_ Lacrosse \_\_\_\_ Soccer \_\_\_ Basketball \_\_\_ Volleyball \_\_\_ Ski Racing \_\_\_ Running \_\_\_ Ultimate Frisbee \_\_\_\_

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

Women's Club Sports		
Rugby		
Field Hockey		
Lacrosse		
Soccer		
Volleyball		
Ski Racing		
Running		
Gymnastics		

## Please return completed Club Clearance Forms one of three ways

**Email:** mbova@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\*