CLUB SPORTS PARTICIPANT
CLEARANCE TO PLAY FORM

This form serves as acknowledgment that the athlete listed below is healthy and cleared to participate in any Club Sports related activity for the 2017-2018 academic year.

Name: ____________________________________________

Team Name: _______________________________________

Name of Physician/Doctor: ____________________________

Signature of Physician/Doctor: ________________________

Date of Last Physical (MM/DD/YY): _____/_____/_____ * must have occurred within a year of season

Today’s Date (MM/DD/YY): _____/_____/_____  

Submit completed form by:

1. Scanning and uploading to the Student Health Portal myHealth.uconn.edu
2. Dropping-off in-person at the Student Health Services Front Desk or at the Lock Box inside the front door