



CLUB SPORTS

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 2016-2017 academic year.

Name: _____

Team Name: _____

Name of Physician/Doctor: _____

Signature of Physician/Doctor: _____

*** Date of Last Physical (MM/DD/YY):** ____/____/____

Today's Date (MM/DD/YY): ____/____/____

*** The physical must have occurred within one year of the first day of the season in the sport you are participating.**