



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 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**