
STUDENTS' NAME

SPORT

UCSB RECREATIONAL SPORTS
SPORTS PARTICIPATION CLEARANCE FORM

By signing this Sports Participation Clearance Form, I acknowledge that I have performed a physical examination on this student and have found this student:

- Cleared for all sport related activity
- Cleared for all sport related activities with the following conditions:
- Not Cleared for any sport related activity

Signed: _____ Date _____
(Clinician signature)

Clinician name: _____ Phone: (____) _____

Patient Label or Clinician's Stamp:

This form is not valid without the patient label or clinician's stamp and will not be accepted.

This form should be emailed directly to Kelly Walsh, the Sport Club Head Athletic Trainer, at
kelly.walsh@recreation.ucsb.edu or faxed to 805-893-5950