<table>
<thead>
<tr>
<th>STUDENTS’ NAME</th>
<th>SPORT</th>
</tr>
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**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:

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*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](mailto:kelly.walsh@recreation.ucsb.edu) or faxed to 805-893-5950