
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 Christiana Kaleialii, the Sport Club Athletic Trainer, at
christiana.kaleialii@recreation.ucsb.edu