Boston University Sports Medicine
285 Babcock Street
Boston, MA 02215

Consent to Participate in Varsity Athletics

Name of Student _____ SEX: M F

Sport _____

Home Address_____

City _____State_____ Postal Code _____Country: _____

Home Phone _____Cell Phone: _____

Email: _____

Date of Birth _____B.U. ID# _____

STUDENT-ATHLETE and PARENT / GUARDIAN CONSENT

I consent to the participation of the above named student in varsity athletics, including training & conditioning, practice sessions and contests. If the medical status of the student changes in any significant manner after passing the physical examination, I will notify the university immediately. I also consent to the use of data collected in the health questionnaire for research purposes, the results of which will be restricted to sports participation health risk assessment. Release of any information for research purposes, including published results, will not in any way identify the student.

_____	_____	_____	_____
Student-Athlete's Signature	Date of Birth	Age	Date

_____	_____
Parent/Guardian's Signature (if student-athlete under 18)	Date

PHYSICIAN CLEARANCE

I certify that I have on this date examined this student and that, on the basis of the examination requested by the NCAA and the student's medical history as furnished to me, this student is:

CLEARED TO PARTICPATE WITH:

☐ No restrictions ☐ the following restrictions (explain below):

NOT CLEARED TO PARTICIPATE:

☐ Deferred – may be reconsidered after further evaluation (explain below)

☐ Not fit (give reason below)

Explanations:

Examiner's Signature:_____ Date:_____

Name: _____

Address: _____

Phone: _____Email: _____