

### Physician's Release

Student's Name: \_\_\_\_\_  
Last Name First Name M.I.

Ballet training requires each student to be able to completely participate in a full range of sustained, repetitive, vigorous physical activities including but not limited to quick movements, bending, twisting, running, leaping and lifting, which place extreme demands on the human body, including stress of joints and ligaments, repetitive impact, and occasional falls, slips and collisions with other participants and objects.

I certify that this student is physically capable of participating in ballet training.

\_\_\_\_\_ Date of exam: \_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_ Phone #: \_\_\_\_\_  
Print or Type Name of Health Care Provider

Address: \_\_\_\_\_

**Comments:** Please note any conditions which may preclude full participation from the student.

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