ELLISON Ballet

Professional Training Program 2020-2021

Physician's Release

Student's Name: _____
First Name M.I. Last Name

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.

_____

_____

_____

_____

_____

_____

_____