



Professional Training Program 2022-2023

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.

Signature of Health Care Provider Date of exam: _____
*Forms are valid for one calendar year from the date of exam.

Print or Type Name of Health Care Provider Phone #: _____

Address: _____

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

Four horizontal lines for writing comments.

PARENT/GUARDIAN RELEASE FOR MEDICAL TREATMENT: I authorize Ellison Ballet and its employees to accompany my child to any urgent care, medical practice, emergency room, hospital, or treatment facility as needed in my absence in the event my child becomes ill or injured while enrolled at Ellison Ballet. I authorize the healthcare providers at such urgent cares, medical practices, emergency rooms, hospitals, or treatment facilities to examine or treat my child as needed in my absence.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____