

SAN FRANCISCO CONSERVATORY OF DANCE

Physician's Release

Date: _____

Student's Name: _____

Dance 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: _____

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.