

Dancer's Medical History & Physician's / Physical Therapist's Statement

San Diego Civic Youth Ballet presents,

Ballet for Me!

A classical ballet program for children ages 7-12 with unique physical needs.

Parent/Guardian must fill out and sign the top portion.

Please give to your doctor to complete and sign the bottom portion of the form.

Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Diagnosis: _____

All children must be able to follow one-two step instructions and be comfortable with group interaction that includes music, lights, expansive space and movement. Each student will have a trained volunteer (SDCYB ballet students) who provide one on one individual assistance.

OBSERVATION POLICY: Like all other classes offered at SDCYB, we would like parents to remember that ballet requires and builds upon the ability of the student to concentrate. When parents are present in the classroom, it can be a distraction to the dancers. Many children do not perform to their full potential when parents are watching them. Therefore while classes are in session, only students and their teachers are to be in the classroom.

Please indicate any special precautions that SDCYB should be aware of regarding the student:

SDCYB strives to include every student, including students with special or unique needs, in any class or program that is appropriate for each student's skill level and experience. *Ballet for Me!* is a program designed for students whose families determine that the student might benefit from dance instruction that is specially tailored with the student's unique physical needs in mind.

Parent Signature: _____ Date: _____

To my knowledge there is no reason why this person cannot participate in supervised ballet/dance/ movement activities. However, I understand that the San Diego Civic Youth Ballet will weigh the medical information above against the existing precautions and contraindications.

Physician Name (please print) _____ Physician Signature _____

Contact Number _____ Address _____ City _____ State _____ Zip _____

To your knowledge, is this student also receiving physical therapy? Yes _____ No _____

If yes, the students Physical Therapist MUST fill out and sign below.

To my knowledge there is no reason why this person cannot participate in supervised ballet/dance/ movement activities. However, I understand that the San Diego Civic Youth Ballet will weigh the medical information above against the existing precautions and contraindications.

Physical Therapist Name (please print) _____ Physical Therapist Signature _____

Contact Number _____ Address _____ City _____ State _____ Zip _____