



marin dance theatre

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Physician's Release Form

This form is required for all students level Junior IVB and above.

Student name: _____ Date of Birth: _____

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.

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

Physician's Signature: _____ Date: _____

Print or type name of health care provider _____ Telephone _____