

Basically Ballet Studio

Health Statement Form

Basically Ballet takes the art of dance very seriously. Our director and instructors recognize that dance training requires light to vigorous exercise. This being the case, it is our desire to eliminate physical injury and/or harm. Basically Ballet will do all that is within it's power to prevent injury by providing proper technique, limited class size and instructor assistants to monitor student progress and correct improper technique that could potentially result in injury. In the event of injury, Basically Ballet will not be held liable for any injury resulting from the improper use of equipment and/or the improper execution of technique. Basically Ballet will have on hand a First Aid Kit. In the event of a minor injury, the instructor will administer superficial First Aid only. In the event of serious sudden illness, 911 and the parent will be called.

On occasion, our students come into our program with pre-existing conditions. The existence of a pre-existing condition, such as Asthma, Visual or Hearing Impairment, etc. may increase the risk of injury or illness or may simply require an adjustment in the instructors teaching style. Basically Ballet does not have facilities to store medication, a Registered Nurse nor staff certified in medication administration. It is the responsibility of the Parent to administer and maintain all medications. Basically Ballet will not be held liable for injury resulting from medication administration or medication complications.

It is the responsibility of the Parent (or adult student) to inform Basically Ballet of any pre-existing condition that may interfere, hinder or require attention as a result of the training required in this dance program. It is also the responsibility of the Parent (or adult student) to provide and administer (if necessary) any medications required for the student's pre-existing condition. I acknowledge by my signature below that I have read, understand and agree to the terms and conditions of the Health Form. Please take a moment to also complete this form. Thank You!

To the best of my knowledge and according to her/his/my last physical, my child (I) is in good health. There are no pre-existing conditions that may hinder, interfere or require attention as a result of the physical training of dance at Basically Ballet. I will inform Basically Ballet and update this form in the event of change.

My child (I) does have a pre-existing health condition. However, based on our doctors advise, my child (I) may participate in the physical training of dance with minimal to no health risk. Below is the list of my child's (My) pre-existing condition(s). My child may only administer medications that my physician has listed and authorized with a (✓) check for self medication. All other medications will be administered by the Parent or Guardian.

<i>Check All That Apply:</i>	<i>Self Medicate: Check only if "Yes"</i>	<i>Doctor's Recommendation or Advise:</i>
<input type="checkbox"/> <i>ASTHMA</i>	<input type="checkbox"/>	_____
<input type="checkbox"/> <i>HEART TROUBLE:</i>	<input type="checkbox"/>	_____
<input type="checkbox"/> <i>HEARING IMPAIRMENT</i>	<input type="checkbox"/>	_____
<input type="checkbox"/> <i>VISUAL IMPAIRMENT (not corrected with glasses)</i>	<input type="checkbox"/>	_____
<input type="checkbox"/> <i>OTHER _____</i>	<input type="checkbox"/>	_____

Doctor's Signature:

Date:

Student's Name: _____ *Parent's Name:* _____
(please print) *(please print)*

Parent's Signature: _____ *Date:* _____