

RUIDOSO ACADEMY OF BALLET AND DANCE

MEDICAL RELEASE FOR RETURN TO PARTICIPATION FOLLOWING An INJURY

This release is to certify that (Dancer's name) _____ has been examined due to symptom consistent with an injury (type of injury) _____

Following an examination, it is my medical opinion that he/she:

_____ **Is unable to return to participation in dance until further notice.**

Return appointment scheduled on date: _____.

_____ **May return to limited participation in dance on** _____ **(Restrictions are noted below)**

Restrictions: _____

_____ **Following return to limited participation this student needs to return for re-evaluation before being released for full participation in athletics.**

_____ **May return to full participation in dance on date:** _____.

Health Care Provider's Name (Type or print): _____

Date: _____

Health Care Provider's Signature: _____

Health Care Providers' Phone Number: _____

The instructor reserves the right to sit out the dancer and/or restrict the dancer's involvement until such a point that the instructor feels comfortable having the dancer fully participate in class.

Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation following his/her injury as per the instructions detailed above.

Parent's or Guardian's Signature: _____

Date:

Dancer's Signature: _____

Parent's or Guardian's Phone # _____