2025-2026
Virginia Regional Ballet, Inc.

Performance & Roles :_____
_____

Virginia Regional Ballet Medical Form

1. **Name:_____Date of Birth:_____**

2. **Allergy:_____EpiPen?_____**

3. **Significant Past Medical History:**
   _____
   _____
   _____

4. **Do you use an Inhaler?:_____**

5. **Past/Ongoing Orthopedic Injury:**
   _____
   _____
   _____
   _____

6. **Emergency Contacts:**

_____Phone:_____
_____Phone:_____

Please sign below to acknowledge reviewing the medical guideline form on behalf of your dancer and your family.

_____Parent or Guardian Signature