



Dance and Movement

D E P A R T M E N T



Department of Dance and Movement Physical Health Questionnaire

In order for DSA to fully evaluate your child's potential for success in the program, please answer the following questions as completely as possible and BRING WITH YOU TO THE MASTERCLASS.

Answering "Yes" to any of the questions will not preclude your child from being considered for acceptance at DSA.

Name of Applicant _____ Grade Level for Next Fall _____

1. Does your child currently have any injuries?
___Yes ___No If Yes, please describe:

2. Does your child have any reoccurring injuries that are not currently present?
___Yes ___No If Yes, please describe:

3. Has your child had any surgeries related to an injury?
___Yes ___No If Yes, please describe:

4. Is your child scheduled for any injury related surgery within the next 12 months?
___Yes ___No If Yes, please describe:

5. Does your child have any congenital condition that will at some point require surgery?
___Yes ___No If Yes, please describe:

6. Is your child currently working with a physical therapist?
___Yes ___No If Yes, please describe:

7. Are you considering having your child seen by a physical therapist for an injury or condition?
___Yes ___No If Yes, please describe:

I have answered these questions to the best of my knowledge.

Parent Signature _____ ***Date*** _____