TERTIARY DANCE COUNCIL: PERSONAL STATEMENT

NAME: _____ ***GENDER: Male / Female***

ADDRESS: _____

GENERAL HEALTH:

- **Height:** _____ cms **Weight:** _____ kgs
- Do you have any **current medical problems?** Yes ☐ No ☐ If yes, what?

  1. _____
  2. _____

- Do you take any **regular medications?** Yes ☐ No ☐ If yes, what? State name and dosage.

  1. _____
  2. _____

- Are there any reasons which you know of that would prevent you from participating fully in the course? Yes ☐ No ☐ If yes, what?

  1. _____
  2. _____

- Are you a smoker? Yes ☐ No ☐
- Have you any **past medical problems**? Have had / Do you have? (When?)

Yes	No		Yes	No	
☐	☐	Asthma	☐	☐	Heart or blood pressure problems
☐	☐	Diabetes	☐	☐	Epilepsy
☐	☐	Glandular Fever (when)	☐	☐	Chronic fatigue syndrome (when)
☐	☐	Any ongoing long-term illness. If yes, what? _____			

Do you have / Have you sustained?

Yes	No	
☐	☐	Fracture? Where (when): _____
☐	☐	Dislocation? Where (when): _____
☐	☐	Recurring pain in any joint with class/performance? Where: _____
☐	☐	Other? (e.g. surgery) _____
☐	☐	Have you ever been treated for a head, neck or spinal injury (e.g. after a car accident)? Does this condition affect your performance? _____
☐	☐	Have you suffered any other illness that has prevented you from participating in physical activity for longer than 2 weeks? If so, what? _____

Do you wear orthotics in your street shoes?

Yes	No
☐	☐

INJURIES:

- Are you suffering / have you suffered any injuries?

1. Injury:_____

Date of injury: _____ Incident: _____
Any residual problems?

2. Injury:_____

Date of injury: _____ Incident: _____
Any residual problems?

3. Injury:_____

Date of injury: _____ Incident: _____
Any residual problems?

4. Injury:_____

Date of injury: _____ Incident: _____
Any residual problems?

DANCE HISTORY:

- State the **forms of dance** you learn / have learnt (including form of classical - e.g.: RAD, Cecchetti, CSTD):

1. _____ Age started: _____Grade: _____ Hrs/week: _____
2. _____ Age started: _____Grade: _____ Hrs/week: _____
3. _____ Age started: _____Grade: _____ Hrs/week: _____
4. _____ Age started: _____Grade: _____ Hrs/week: _____

- Do you work *en pointe*? Yes ☐ No ☐
- At what age did you commence **pointe work**? _____

DANCE TECHNIQUE:

Please comment below on any areas of your technique which you would like to improve:

1. _____
2. _____
3. _____