

Covid-19 Dancer Health Waiver

Date: _____

FOR OFFICE USE

Temperature reading:

My child, _____, is in good health, as well as everyone in our household, and no one in our household has had a fever in the past 14 days, or been in contact with a person tested positive for Covid-19.

My child is allowed to participate in ALL STARS Performing Arts Academy, LLC in-studio dance classes.

I realize that although safety precaution such as distancing, temperature checks, hand washing, and classroom sanitizing will take place, my child will be with other students in the classroom with and without a mask. If taking a class involving Partnering, I am aware my child may be holding hands with another dancer, and will use hand sanitizer between and at the end of class.

Parent's printed name: _____
or Student age 18 and older

Parent's signature: _____
or Student age 18 and older

This form must be completed EACH DAY and turned in upon entering the building.

Covid-19 Dancer Health Waiver

Date: _____

FOR OFFICE USE

Temperature reading:

My child, _____, is in good health, as well as everyone in our household, and no one in our household has had a fever in the past 14 days, or been in contact with a person tested positive for Covid-19.

My child is allowed to participate in ALL STARS Performing Arts Academy, LLC in-studio dance classes.

I realize that although safety precaution such as distancing, temperature checks, hand washing, and classroom sanitizing will take place, my child will be with other students in the classroom with and without a mask. If taking a class involving Partnering, I am aware my child may be holding hands with another dancer, and will use hand sanitizer between and at the end of class.

Parent/Gaurdian's printed name: _____
or Student age 18 and older

Parent/Guardian's signature: _____
or Student age 18 and older

This form must be completed EACH DAY and turned in upon entering the building.