

**WHEN COMPLETE**

**EMAIL FORM TO**

**[DANCE@ginanespoli.com](mailto:DANCE@ginanespoli.com)**

**or**

**Drop off At Studio**

## CHDS COVID 19 PROTOCOLS

Dane @ EMPIRE AC has installed the RGF PHI-CELL and RHEME HALO TECHNOLOGY in our HVAC units for the studio. This ensures the air handlers and air the students are breathing is continuously sanitized.

The following procedures have been implemented to ensure the safety and health of all our family members. We take your child's health and safety very seriously and want to ensure everyone feels safe while at the studio during these trying times. We will amend this document as needed to meet the growing needs required by this illness.

1 – NO Parents allowed in the Studio. **DROP OFF ONLY**

2 – Children will be greeted at the door and are required to already have a mask in place covering both mouth and nose, at which point their temperature will be taken with a touchless temperature device. While waiting to enter study if a line forms proper social distancing will be adhered to.

3 – Once a child has been cleared to enter the studio, they must maintain their mask covering on both their mouth and nose and go straight to their designated studio.

4 – Each studio is limited to 10 children spaced appropriately apart from each other. **Parents also have the option to keep their child on zoom at all times and not attend live classes.**

5 – Bathroom use limited to 1 at a time, no congregating near the bathroom will be allowed

6 – Front Door will be locked at all times, if a parent or potential new family member comes to inquire at the studio, a Staff Member will speak with the person(s) outside on the boardwalk.

7 – The children will go into the lobby of the studio with the teacher to take mask and water breaks as needed while maintaining appropriate distancing.

8 – During the student break time, a Staff Member will wipe down all areas within the studio with sanitizer.

9 – Throughout the afternoon/evening, a Staff Member will continuously sanitize the lobby and bathrooms.

10 – Children should have additional masks with them for use if needed.

11 – The students will not be permitted physical contact with one another.

**Covid-19 Pandemic Creative Heart Dance Studio Consent Form**

**PLEASE RETURN THIS FORM ON THE FIRST DAY OF CAMP FOR YOUR CHILD**

I, \_\_\_\_\_, (parent name) knowingly and willingly consent to \_\_\_\_\_ (child's name) attending dance classes at Creative Heart Dance Studio during the COVID-19 pandemic and will not hold any employee, Independent Contractor or **Creative Heart Dance Studio**, liable for the possibility of contracting COVID-19.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing. \_\_\_\_\_ (initial)

I understand that due to the other dancers in the studio, the characteristics of the virus, and the characteristics of the dance class, that \_\_\_\_\_ (child's name) has an elevated risk of contracting the virus simply by being in the studio, \_\_\_\_\_ (initial)

I confirm that \_\_\_\_\_ (child's name) is not presenting any of the following systems of COVID-19 included but not limited to the following list. \_\_\_\_\_ (initial)

- Fever
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Runny nose
- Sore throat
- Red eyes
- Rash
- Abdominal pain
- Vomiting
- Diarrhea

To prevent the spread of contagious viruses and to help protect each other, I understand that \_\_\_\_\_ (child's name) will have to follow Creative Heart Dance Studio's strict guidelines, including social distancing of at least 6 feet apart and wearing a mask. \_\_\_\_\_ (initial)

I verify that \_\_\_\_\_ (child's name) has not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. \_\_\_\_\_ (initial)

I verify that \_\_\_\_\_ (child's name) has not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. \_\_\_\_\_ (initial)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Waiver and Release from Liability Form  
Summer Camp/Summer Intensive  
Creative Heart Dance Studio

I, \_\_\_\_\_ (print your name) have chosen to have my child, \_\_\_\_\_ (print child's name), participate in summer camp/summer intensive at Creative Heart Dance Studio. I acknowledge that I understand the nature of the activities my child will be participating in and the possibility that despite precautions, accidents and/or physical injury may occur.

I/we agree to release and hold harmless Creative Heart Dance Studio, including its teachers and staff members from any cause of action, claims, or demands now and in the future. I/we will not hold Creative Heart Dance Studio liable for any personal injury or any personal property damage or loss, which may occur on the premises before, during or after classes or which may occur at any Creative Heart Dance Studio sponsored event outside the studio.

Furthermore I/we agree to take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Creative Heart Dance Studio.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

→ Signature of Parent or Guardian: \_\_\_\_\_

→ Date: \_\_\_\_\_

→ Dancer's Name: \_\_\_\_\_

→ Parent/Guardian Address:

\_\_\_\_\_

→ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Official Use:**

**Creative Heart Dance Studio**

**REGISTRATION FORM FOR SUMMER CAMP/SUMMER INTENSIVE - 2021**

	Student name (first, last)	Age	D.O.B.	Gender
1				
2				
3				

Email address \_\_\_\_\_ Phone # \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother Name (first, last)	Work Phone	Cell Phone
Father Name (first, last)	Work Phone	Cell Phone

➤ Any medical conditions we should be aware of?  
\_\_\_\_\_

In case of an emergency and I cannot be reached, I authorize the staff at Creative Heart Dance Studio to obtain whatever medical treatment is deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my insurance would cover such charges and fees.

➤ Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION**

CREDIT CARD PAYMENT (circle one):      VISA      MASTERCARD      AMERICAN EXPRESS

CC#																					EXP. DATE											CVC										
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➤ Week(s) my child will attend (CIRCLE ONE)    summer camp    summer intensive  
\_\_\_\_\_  
\_\_\_\_\_

➤ Card Holders Name: \_\_\_\_\_

➤ Signature \_\_\_\_\_ Date \_\_\_\_\_

**(early registration is January 15-April 30 to receive a 10% discount) Refer a friend and receive \$25 off!**

All information contained on this form will be kept completely confidential and secure and will not be shared with anyone under any circumstances.