WHEN COMPLETE EMAIL FORM TO

DANCE@ginanespoli.com

or

Drop off At Studio

CHDS COVID 19 PROTOCOLS (as of June, 2021)

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 Parents are allowed in the Studio to drop off their child and are required to already have a mask in place covering both mouth and nose even if they are vaccinated.
- 2 Children attending camp or intensive are required to already have a mask in place covering both mouth and nose even if they are vaccinated.
- 3 Children must maintain their mask covering on both their mouth and nose while in the studio even if they are vaccinated.
- 4 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.
- 5 Throughout the day, a Staff Member will continuously sanitize the lobby and bathrooms.
- 6 Children should have additional masks with them for use if needed.

Covid-19 Pandemic Creative Heart Dance Studio Consent Form PLEASE RETURN THIS FORM ON THE FIRST DAY OF CAMP FOR YOUR CHILD

	, (parent name) knowingly and willingly consent to (child's name) attending dance classes at
	pandemic and will not hold any employee, Independent
_	tion period during which carriers of the virus may not show ssible to determine who has it and who does not, given the
	tudio, the characteristics of the virus, and the characteristics of(child's name) has an elevated risk of contracting initial)
systems of COVID-19 included but not limited to the Fever Shortness of breath Loss of sense of taste or smell Dry cough Runny nose Sore throat Red eyes Rash Abdominal pain Vomiting Diarrhea	(child's name) is not presenting any of the following ne following list(initial)
To prevent the spread of contagious viruses and to(child's name) guidelines, including social distancing of at least 6 f	will have to follow Creative Heart Dance Studio's strict
	child's name) has not traveled outside the United States in the
I verify that(c States by commercial airline, bus, or train within th	child's name) has not traveled domestically within the United e past 14 days(initial)
Signaturo	Data

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:
Official Use:

Creative Heart Dance Studio

REGISTRATION FORM FOR SUMMER CAMP/SUMMER INTENSIVE - 2021

	Student name	(tirst, iast)	Age	D.O.B.	Gender
1					
2					
3					
Email	address		Ph	one #	
Home	ome address		City	Zip	
M	other Name (first, last)	Work Phone	•	Ce	ell Phone
C.	ather Name (first last)	Work Dhone		<u> </u>	all Dhone
	Father Name (first, last) Work Phone		-	Cell Phone	
<u> </u>	medical conditions we sho	ould be aware of?	ļ		
_	ency treatment regardless of v	·		e	
	AUTOMAT	TIC CREDIT CARD PAY	MENT AUTH	ORIZATION	
CRED	IT CARD PAYMENT (circle o	one): VISA	MASTERCA	RD AME	ERICAN EXPRESS
CC#			EXP. DATE		CVC
			1		1 1
⊶ We	ek(s) my child will attend (C	IRCLE ONE) summe	r camp s	ummer intens	sive
	· · · · · · · · · · · · · · · · · · ·	•	· 		
——— ⇔ Car					
	d Holders Name:				
	d Holders Name:				
	d Holders Name:			ate	

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