



SHEILA PARKINS ACADEMY OF DANCE AND MUSIC

COVID-19 ACKNOWLEDGMENT AND DISCLOSURE

BOTH or PRIMARY parent/s are asked to read and initial each statement as well as sign below:

1. I understand that during this COVID-19 crisis, I, as a parent, will NOT be permitted to enter the facility beyond the front entrance area- with the exception of Creative Movement and Kinderdance where 1 parent will be allowed. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent of everyone's potential risk of exposure. _____
2. Dancers will not be permitted to enter the facility more than 5 mins before their class time. The reception area will be used as a corridor ONLY. I understand there is no supervised area for the dancers to wait and I agree to prompt drop off and pick up of my child. _____
3. I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST sanitize my hands before entering, remove my shoes, and wear a mask. While in the facility, I must practice social distancing and remain 6ft from all other people, except for my own child. _____
4. I understand that to enter the studio premises my child's temperature will be taken and must be free from COVID-19 symptoms. If, during the class, any of the following symptoms appear, my child will be separated from the rest of the people in the studio. I will be contacted, and my child MUST be picked up from the studio within 15 minutes. _____

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

While many of these symptoms might be non-COVID-19 symptoms we are proceeding with caution by assuming this may be COVID-19 during this pandemic. If you or your child does exhibit COVID-19 symptoms, you will need to be symptom free for 72 hours before returning to the facility. _____

5. I understand that my child 12 yrs and older must wear a mask when entering and leaving the studio. I also understand that they are to wear their mask when leaving their classroom. _____
6. I understand that students will be welcome to remove their mask while dancing as the public health officials do not recommend wearing a mask while exercising. If I would prefer for my child to wear a mask for the entire time that they are in the studio, I will indicate that below. _____
7. I understand that students will be provided access to hand sanitizer when entering the building and in each classroom. I understand that my child is welcome to bring their own hand sanitizer and use it according to public health official's recommendation. _____
8. Each student MUST remove their shoes / boots upon entering the facility. Those shoes / boots will be put into their personal dance bag. Plan accordingly for wet conditions. _____

9. Each student must come dressed to dance; wearing minimal outer clothing which parents will place in their personal dance bag. Changing in the washrooms or dressing rooms is no longer permitted due to Government regulations. _____
10. I will immediately notify SHEILA PARKINS ACADEMY OF DANCE AND MUSIC if I become aware of any person with whom my child or I have had contact exhibits any COVID-19 symptoms as listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. _____
11. I understand that Students entering our studio will be in contact with children, families and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. _____
12. Should there be a spike in COVID-19 cases, and we are forced into a Government regulated shut down again, all classes will continue virtually. I certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by SHEILA PARKINS ACADEMY OF DANCE AND MUSIC will result in termination of my registration at SHEILA PARKINS ACADEMY OF DANCE AND MUSIC. I acknowledge that my activity may be terminated if it is determined that my actions, or lack of action, unnecessarily exposes another dancer, their family member, or any staff member to COVID-19. _____

Acknowledgements:

I am comfortable with my child removing their mask while dancing in the studio. _____

I would prefer my child to keep their mask on the entire time that they are at the studio. _____

I have read and understand the entirety of the statements made above. _____

I am responsible to relay these safety measures and protocol to anyone who may be dropping off or picking up my child. _____

Student Name

 Parent Name (Printed)

 Parent Signature

 Date

 Parent Name (Printed)

 Parent Signature

 Date

Received By: _____

Date: _____