STAPLETON SCHOOL 2020/21 DANCER/FAMILY CONTRACT

Please read carefully. Parent/guardian and dancer must sign.
Your signature confirms your compliance with the protocols outlined below.

1. I agree to limit extracurricular/youth activities and childcare programs to a maximum of two activities (aka "cohorts" or "bubbles").
2. I will practice Covid-19 precautions as prescribed by State and Local officials, including (but not limited to) physical distancing, wearing face coverings, frequent hand washing, staying home when sick.
3. I agree to stay home if I am showing any symptoms of illness, including sore throat, cough, fever, shortness of breath, loss of sense of taste or smell, sudden unexplained onset of muscle soreness.
4. I agree to practice social distancing at all times, outdoors and indoors, maintaining 6' between myself and others.
5. I will not share food, drinks or any personal items with other dancers.
6. I will wear a mask at all times.
7. I will not enter the building unless I have received permission to use the restroom.
8. I agree to follow the posted restroom protocols, including washing hands thoroughly with soap and water for at least 20 seconds before and after entering stall.
9. If I become winded during class, I will step off the platform to remove my mask and catch my breath.
10. I will bring extra masks, so If my mask becomes wet/damp, I will replace it.
11. If I begin to feel ill while at camp, I will notify the teacher immediately.

I acknowledge that my/my child's compliance with the above conditions is mandatory and noncompliance will result in removal from program. I attest that me/my child have not been in contact with any individuals who have tested positive for Covid-19 in the 14 days prior to Sept. 8, 2020. We agree to abide by all of the above conditions in order to safely participate in Stapleton School's outdoor, in-person ballet classes for the fall 2020 session.

PLEASE SIGN, SCAN AND RETURN OR BRING TO FIRST CLASS.

Dancer name:_____ Dance Signature_____

Parent name:_____ Parent signature_____

Date_____