



Sign in & Consent to Participate

Child's Name _____ Parent's Name (printed) _____

Phone # _____ Sensitivities Your Child Has _____

Emergency Contact Name _____ Emergency Contact Phone _____

Circle One: Y N Do you or do any of the children you are dropping off have a fever*, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell (vomiting or diarrhea, children only)?

Mark Any That apply: Have you or any of the children you are dropping off:

- Had any of these symptoms since last time you were last here?
- Been in contact with anyone with fever*, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell (vomiting or diarrhea, children only) since the last time you were here?
- Potentially been exposed** to COVID-19 or have reason to believe you/they have COVID-19?

My signature below verifies the above information is true and that I agree to the consent to the disclaimers and acknowledgement of risk below

Parent/Guardian Signature

Date

Camp Specific Disclaimers: Listing allergies and medical conditions does not guarantee that your child will not be exposed to such allergens or participate in activities that may trigger any medical conditions. A menu of food served is available to all parents to avoid allergic reactions. A list of planned activities is also provided to prevent a child participating in any activity that is unwarranted for any specific physical condition. Bella Ballerina staff will not administer medications regulated or otherwise to camp participants. Camp instructors are certified in CPR and First Aid and will administer treatment accordingly in emergency situations. All emergencies outside of the scope of general care will be referred to the physician on file and/or Emergency Care via a hospital if needed.

Acknowledgement of Risk:

I/we realize that participation in dance classes and activities could involve possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Studio B. Dance Corp DBA Bella Ballerina MV I/we agree to release and hold harmless Studio B. Dance Corp DBA Bella Ballerina MV including its teachers, dancers, staff members, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Studio B. Dance Corp DBA Bella Ballerina MV liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and takes full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Studio B. Dance Corp DBA Bella Ballerina MV. I understand that Studio B. Dance Corp DBA Bella Ballerina MV are licensed, accredited, and insured organizations. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the Executive Director, Artistic Director, instructor or staff member as soon as possible.

Photography/Video Permission: Permission is granted to Studio B. Dance Corp DBA Bella Ballerina MV to use photographs and videos of students for publicity purposes in both print, online, and TV/Radio ads