

Fascination DANCE STUDIO

6 Clairmont St Unit 2 Thorold, L2V 1R1
Tel: 905-227-8307 Fax: 905-227-1071
www.fascinationdancestudio.com fascinationdance@bellnet.ca

Choose your dance(s):

Tap Jazz Ballet Modern Lyrical Hip Hop Acro Pointe Musical Theatre

Name of Student: _____
(First) (Last)

Date of Birth: ____ / ____ / ____
(month) (day) (year)

Address: _____

Age: _____

City: _____

Postal Code: _____

Home Tel: (____) _____

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Cell #1 (____) _____

Cell # 2 (____) _____

Email address: _____

Previous Dance Experience? (Include discipline & number of years) _____

How did you hear about Fascination Dance Studio? _____

Any medical conditions, developmental issues, allergies, recent illnesses or operations? _____

We have read and understood the registration information and the policies of the school and agree to abide by them, including those related to COVID-19. We acknowledge that there may be use of photo/digital/video images of my child/self for recital, school brochures, displays, website, social media sites or advertising purposes in the sole discretion of Fascination Dance Studio. We acknowledge that there is a risk of injury/illness involved in the activity for which we are registering. We hereby accept that risk and in consideration of Fascination Dance Studio accepting this registration, we hereby release Fascination Dance Studio from all claims of any kind whatsoever which may arise. We understand that the above information will not be released to a third party upon exemption of requiring services from a collection agency. We consent to receiving any and all email notices sent out by the Fascination Dance Studio.

Date

Parent or Guardian Signature

COVID-19 Procedures & Protocols

We ask all our families and dancers to please read the information below and sign the bottom of the form indicating that they have read, understood and agree to abide by the following screening procedures every time before entering the dance studio. ** The form only needs to be signed once, it is the screening process that is required every time prior to entry into the studio.

1. Do you have new/worsening cough OR shortness of breath (even when sitting or walking regularly)
2. Are you feeling feverish or had shakes/chills in the last 24 hours?
3. Have you travelled outside the province of Ontario in the past 14 days OR have been in direct contact with someone who has travelled outside of the province of Ontario?
4. Have you been in contact with anyone who is either sick, sent for COVID testing, or has been confirmed as COVID positive in the past 14 days?
5. Do you have new onset of any of the following:
 - a. Difficulty breathing
 - b. Sore throat
 - c. Difficulty swallowing
 - d. Unusual level of fatigue/malaise/muscle aches
 - e. Headache
 - f. Nausea, vomiting, diarrhea or loss of appetite
 - g. Abdominal pain
 - h. Decrease or loss of taste or smell
 - i. Pink eye (conjunctivitis)
 - j. Runny nose, sneezing, or nasal congestion without known cause

Print & sign name

Date