

# COVID-19 Student Driver Self-Certification to Enter Dance Studio

I, \_\_\_\_\_, attest to the following:

I confirm I have no COVID-19 symptoms and do not feel ill. If I begin to not feel well I will notify my dance teacher immediately and contact my parents and leave the studio immediately.

Dancer Name: \_\_\_\_\_

Dancer signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_