



In touch with...
INNOVATIVE BALLET MASTER CLASS

Summer 2021 by ART of

COVID-19 DECLARATION FORM

We are closely monitoring the information as it comes in, and we are and will take all precautionary measures to ensure the safety and health of the dancers participating in ART of's courses as per any guidelines issued by the government, the city of the activities and other local organisations. The health and wellbeing of our participants, our teachers and all staff is our first priority.

At this time, we will require you to answer the following questions.

Please print the form and complete on day of the participation to the course.

ART of reserves the right to deny anyone entry to the course / classes.

First Name:
Last Name:
Age:
Address in the country of activities:
Cell phone:

Have you now, or in the past 48 hours, had any of the following flu-like symptoms?

Fever (if yes, please write your temperature here)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breathlessness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or any immediate family members come into close contact with a confirmed case of Coronavirus in the last 14 days?

Yes No

If yes... Name of
City/Country where
Contact took place

COVID vaccine: Are you fully vaccinated?

Yes No

Name of vaccine:
Date of vaccination 1:
Date of vaccination 2:

Date: _____ Signature: _____

NOTE: The data collected is required in order that we can ensure the health and well-being of our participants, allowing us to contact and trace participants in case of a Covid-19 outbreak. The data collected will be processed by ART of in its current format and will not be passed on to third parties unless required legally to do so. The data will be held securely by ART of until the global situation returns to a normality at which point it will be securely destroyed.