

DAPA 2020-2021

COVID-19 SAFETY GUIDELINES



All students and parents must agree to adhere to the guidelines below to be eligible to participate in DAPA programming.

SAFETY PROTOCOLS

- Students and staff must self-screen for any symptoms of illness before entering the building. If they have any of the symptoms listed in the chart below, they must stay home until they are symptom-free.
- Staff and students must wash or sanitize hands immediately upon arrival, after using a tissue, and at every break.
- Students, instructors, and staff will be required to wear face-masks. Please ensure your student has a face mask(s) that are comfortable and durable for all-day-wear.
- When singing, students will be required to also wear a Pavilion provided face shield.
- The floor will be taped to help mark where students can safely distance.
- Students will perform while wearing a face shield.
- Audience members will be required to wear facemasks per the city ordinance and seating will be limited.
- Students are encouraged to practice physical distancing outside of rehearsals.

POSSIBLE SYMPTOMS OF COVID-19	
1. Fever > 100.4 degrees Fahrenheit or 38 degrees Celsius	6. Chills
2. Cough, usually dry	7. Congestion
3. Shortness of Breath	8. Muscle and joint pain that are unexplained
4. Sore Throat	9. Nausea or vomiting
5. Headache	10. Loss of sense of smell
	11. Diarrhea

AFTER REVIEWING THE FULL DOCUMENT, GUARDIAN MUST SIGN BELOW BEFORE THEIR STUDENT CAN PARTICIPATE IN DAPA.

As a parent/guardian, I understand and approve of the precautions being taken by the Dakota Academy of Performing Arts regarding health and safety during DAPA programming. My student and I agree that we will comply with these structures, protocols, and guidelines. I am aware of the health and safety risks involved in my child/dependent being in a public space during these times and enrolling them in DAPA's programming. I agree that DAPA staff, instructors, fellow students and their families, nor anyone who appears or works on the premises are not at fault, should a case of COVID-19 occur during DAPA programming, and I will not hold any of the above liable or accountable in any way if COVID-19 surfaces during a DAPA program.

Student Name: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____