IMDC Day Camp Waiver: July 2020 I certify that no one in my household has tested possible household is displaying symptoms of COVID-19.	ositive for COVID-19 in	the last 1	4 days or	that anyone in my
I agree to the safety guidelines IMDC is implement	ing during phase 2 and	l confirm	that I will	make my child aware.
I affirm that on the morning of each day my child is before leaving home as recorded below.				•
Is your dancer permitted to remove their face cover	ering while dancing?	Yes	No	(circle one)
DANCER NAME / TEMPERATURE	PARENT SIGNATURE			
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