

Questionnaire:

Please fill out and bring a signed copy to class with you along with waiver and copy of vaccine records. Thanks!

Have you traveled anywhere in the last month?

Have you been exposed to anyone with the Corona Virus?

Have you had any symptoms of the Corona Virus?  
Do you agree to not come to class if you have any?

Do you agree to follow the safety protocols? Maintaining social distancing, the 6' rule, wearing a mask?

Do you understand that regardless of the safety measures taken at the Center, you will be training at your own risk?

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

