

Vaccine Acknowledgement

By signing this form, I am acknowledging that

_____ my child is vaccinated against COVID-19, or

_____ my child is not vaccinated against COVID-19 and I understand this means

he/she/they must remain masked at all auditions, rehearsals, and performances,

and must eat outside, away from the cast and production and creative teams.

Student Name: _____

Name: (Print): _____

Signature: _____ Date _____