

Authorization for underage person



In touch with...

INNOVATIVE BALLET MASTER CLASS

Ballet Summer Course MADRID

I authorize my son / daughter

Name

Age

Date of birth

Nationality

Address / City

Street

Country

Passport number

to participate in the ART of - Ballet Summer Course Madrid _____ (please insert the year)

from the (please insert the date) until the (please insert the date)

I agree to the following schedule:

Monday to Friday from 10:00am until 6:00pm
Saturday from 10:00am until 3:00pm
Sunday is a free day

My son / daughter is permitted to travel unaccompanied to and from the Ballet Summer Course Madrid,
from Country / City name _____ to Spain / Madrid and back.

My son / daughter is permitted to travel unaccompanied to and from the buildings of the Ballet Summer Course Madrid,
from Hotel / Hostel etc. (please insert the name & address) _____ to
Conservatorio Superior de Danza Maria de Avila
Calle del General Ricardos 177,
28025 Madrid, Spain

My sons' / daughters' accommodation is organized by us and is not under the responsibility of ART of.
(hotel / hostel name and booking dates)

I allow my son / daughter to spend his free time without the supervision of ART of under my sons' / daughters' own responsibility.

I declare that my son / daughter does not smoke, consume alcohol, drugs or any other illegal substances.

We accept full liability in case of damage caused by my son / daughter to a third party.
I certify that I will not hold ART of liable in case of injury or illness to my son / daughter.

In case of emergency, I give ART of the permission to take the necessary measures in the interest of my sons' / daughters' health and safety.

If the underage person is accompanied by an adult in Madrid:

Full name _____ Relation to the underage person _____

Phone number (in case of emergency) _____

I hereby certify that all the Information I gave is truthful and correct and I hereby declare that I have read and accept all the above.

Parents / Legal guardian name: _____

Parents / Legal guardian phone number: _____

Date: _____ Parents / Legal guardian Signature: _____

Please complete the form in full and return it to us signed.