In touch with...
INNOVATIVE BALLET MASTER CLASS

AUTHORIZATION FOR UNDERAGE PERSON

ART OF - BALLET SUMMER COURSE MADRID

Required for every participant under 18 on 12 July 2027. This form supplements the application, Terms and Conditions and privacy information. It does not replace travel documents, carrier permissions, visas or medical insurance.

Underage participant

Full name *

Date of birth *

Age on 12 July 2027 *

Nationality *

Passport/ID number *

Home address *

Postal code and city *

Country *

Parent or legal guardian

Full name *

Relationship to participant *

Telephone incl. country code *

E-mail *

☐ I confirm that I have parental responsibility or legal authority to give the permissions in this document. *

Participation authorised

- ○ Complete course: _____
- ○ First week: _____
- ○ Second week: _____
- ○ Other attendance only as confirmed in writing by ART of

Other confirmed attendance details

☐ I authorise the participant to attend the supervised ART of Madrid activities stated in the written admission and participant information. *

Standard framework: Monday-Friday approximately 10:00-17:00 and Saturday approximately 10:00-14:00; Sunday has no scheduled classes. Exact venue, rooms, groups and times are confirmed in writing.

Travel to and from Madrid

- ○ The participant travels with a parent/legal guardian.
- ○ The participant travels with the responsible accompanying adult named below.
- ○ I authorise the participant to travel unaccompanied to Madrid and back, subject to carrier and border requirements.

Departure city and country *

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

Arrival date/time and travel details *

Departure date/time and travel details *

Arrival, transfer and collection plan *

Accommodation and supervision outside course hours

Accommodation, local transport and supervision outside published course hours remain the responsibility of the parent/legal guardian unless ART of expressly accepts a specific duty in writing.

Hotel, residence or host name *

Full accommodation address *

Accommodation telephone *

Booking dates *

☐ I authorise the participant to travel without an accompanying adult between the confirmed accommodation and course venue.

☐ I authorise the participant to spend time without adult supervision outside published course hours, subject to the restrictions below.

Curfew, geographic limits, prohibited activities or other supervision instructions

Responsible adult in Madrid

Full name

Relationship to participant

Telephone

E-mail

Address in Madrid

☐ I authorise ART of to release the participant to this person and contact them regarding immediate welfare or logistics.

Emergency contacts and health

Primary emergency contact *

Primary telephone *

Relationship *

Second emergency contact and telephone

Health/accident insurer and policy number *

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

Allergies, medication, injuries, medical conditions, access needs and other safety information *

- [ ] I confirm that the health and medication information is complete and will be updated if it changes. *
- [ ] If I cannot be reached promptly in an emergency, I authorise ART of staff to contact emergency services and take reasonable immediate measures in the participant's best interests. Medical decisions are made by qualified professionals, and I remain responsible for costs not covered by insurance. *
- [ ] The participant may carry and self-administer the medication listed above according to medical instructions.

Conduct, safety and collection

- [ ] I have explained that the participant must follow safety instructions, safeguarding requirements, venue rules and reasonable directions from ART of faculty and staff. *
- [ ] I understand that alcohol, illegal drugs, smoking/vaping and unsafe or unlawful conduct are prohibited during supervised programme activities. *
- [ ] I understand that serious or repeated misconduct or a material safety risk may lead to removal, and I must arrange prompt collection if requested. *

People not authorised to collect or contact the participant

Photography, video and communication

Promotional media consent is optional and is not a condition of admission.

- ◯ I consent to identifiable ART of photography/video of the participant being used for ART of editorial, educational, website and social-media communication.
- ◯ I do not give optional promotional media consent and will ensure the participant identifies themself before any recorded session.
- [ ] I authorise ART of to communicate directly with the participant about schedules and course logistics, while keeping the guardian informed where appropriate.

Declarations

- [ ] I have read and accept the ART of Madrid 2027 Terms and Conditions included with the application and the edition-specific written offer. *
- [ ] I have read the privacy information and understand the processing of participant, guardian, health, emergency and consent data. *
- [ ] I confirm that the participant will have valid health/accident, travel and personal liability insurance. *
- [ ] I confirm that the information is accurate and will notify ART of promptly of any change. *

This authorisation does not exclude or limit liability that cannot lawfully be excluded. The full Terms and Conditions and mandatory law continue to apply.

Parent/legal guardian full name *

Parent/legal guardian signature

Date

THIS FORM IS NOT VALID WITHOUT THE PARENT OR LEGAL GUARDIAN SIGNATURE.

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

