

Authorization for underage person



In touch with...
INNOVATIVE BALLET MASTER CLASS

Ballet Summer Intensive ALICANTE

I authorize my son / daughter

Name

Age

Date of birth

Nationality

Adress / City

State

Country

Passport number

to participate in the ART of – Ballet Summer Intensive Alicante (please insert the year) from the (please insert the date)
until the (please insert the date)

I agree to the following schedule:

Monday to Saturday from 10am until 6pm
Sunday from 10am until 3pm

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

My son / daughter is permitted to travel unaccompanied to and from the buildings of the Ballet Summer Intensive Alicante, from Hotel /
Hostel etc. name _____ to International Dance School,

Ctra. Valencia, 23
03550 San Juan de Alicante
Alicante (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 Alicante:

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: