

## Authorization for underage person

### Morlaix adults ballet camp 2021

I hereby authorize my son / daughter

Name : \_\_\_\_\_

Age : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Nationality : \_\_\_\_\_

Adress / City : \_\_\_\_\_

State : \_\_\_\_\_

Country : \_\_\_\_\_

Passport number : \_\_\_\_\_

to participate in the Morlaix adults Ballet camp 2020 from the 2nd of July to the 10th July 2021.

I agree to follow the daily schedule. Schedule may change daily, and will be announced the day before.

The approximate schedule will be 9am to 6.15pm.

My son / daughter is permitted to travel unaccompanied to and from the Morlaix adults ballet camp from

Country / City name \_\_\_\_\_ to France / Morlaix and back.

My son / daughter is permitted to travel unaccompanied to and from the buildings used during the Morlaix

adults ballet camp, as well as to and from Hotel / Hostel etc. name \_\_\_\_\_

\_\_\_\_\_ to the various buildings used during the Morlaix adults ballet camp 2020.

My sons' / daughters' accommodation and meals are organized by us and is not under the responsibility of

« le petit ballet international » (the morlaix ballet camp's organizers).

hotel / hostel name and booking dates :

\_\_\_\_\_

\_\_\_\_\_

I allow my son / daughter to spend his free time without the supervision of « le petit ballet international »

(the morlaix ballet camp's organizers), and is 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 « le petit ballet international » liable in case of injury or illness to my son / daughter.

In case of emergency, I give « le petit ballet international » of the permission to take the necessary measures in the interest of my sons' / daughters' health and safety.

I hereby agree, that my son/daughter image might be used for marketing and promotion purposes by

« le petit ballet international ».

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

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: (dd/mm/yyyy) \_\_\_\_\_ Parents / Legal guardian Signature: \_\_\_\_\_

**THIS FORM IS NOT VALID WITHOUT A PARENT OR LEGAL GUARDIAN SIGNATURE**

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