

Authorization for underage person

Morlaix adults ballet camp 2022

I hereby authorize my son / daughter

Name : _____

Age : _____

Date of birth : _____

Nationality : _____

Adress / City : _____

State : _____

Country : _____

Passport number (if out of EU) : _____

to participate in the Morlaix adults Ballet camp 2021 from the 8th of July to the 16th July 2022.

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 child is permitted to travel unaccompanied to and from the Morlaix adult ballet camp from Country / City name _____ to France / Morlaix and back.

*My child 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 2022.

If your child is taking the fullroom & board with use please select tick this box and skip to the next point.

If not please fill the following point.

My childs' accommodation and meals are organized by us (the legal guardians) 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 child 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 » 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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