

# 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 (latest)  
Saturday from 10:00am until 2:00pm  
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) \_\_\_\_\_

Conservatorio Superior de Danza  
"María de Ávila"  
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.