

Authorization for underage person



In touch with...
INNOVATIVE BALLET MASTER CLASS

Ballet Summer Course BERLIN 2015

I authorize my son / daughter

Name

Age

Date of birth

Nationality

Adress / City

State

Country

Passport number

to participate in the 2015 ART of Ballet Summer Course in Berlin
from the _____ th of August until the _____ th of August 2015.

I agree to the following schedule:

Monday to Friday from 10am until 6pm
Saturday from 10am until 3pm
Sunday is a free day

My son / daughter is permitted to travel unaccompanied to and from the Ballet Summer Course,
from Country / City name _____ to Germany / Berlin and back.

My son / daughter is permitted to travel unaccompanied to and from the buildings of the Ballet Summer Course,
from Hotel / Hostel etc. name _____ to State Ballet School Berlin,
Erich-Weinert-Straße 103, 10409 Berlin

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 Berlin:

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: