PERSONAL DATA

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | | | |  | |  | | |  |  | |  | Male  Female | | |
|  | Surname/family name | |  | First name(s) | | | |  | | Date of birth (dd/mm/yyyy) | | |  | Citizenship | |  |  |
|  |  | | | | | | | |  | |  | | | | | | | |
|  | E-mail address (preferably one’s own) | | | | | | | |  | | Telephone with country/area code | | | | | | | |
| OCCUPATION | |  | Student | |  | Grade | | | | | |  | | |  | | | |
|  | Dance school name/address: |  |  | | | | | | | | | | | | | | | |
|  | How many years have you been learning/teaching: |  |  | | |  |  | | | | | | | | | | | |
|  |  |  | Classical ballet | | |  | Modern dances (which technique) | | | | | | | | | | | |

NEXT OF KIN

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Name |  | E-mail address |  | Telephone (with country/area code) |
|  |  |  |  |  |  |
|  | Zip code |  | Settlement |  | Street, No. |

OTHER RELEVANT INFORMATION (e.g. sensitivity to drugs, allergies):

Please send the invoice:

|  |  |
| --- | --- |
| My name and address | Other: Name:  Address:  Tax number: |

**Please indicate clearly, for which course you want to sign in!**

**In one time period you can take only ONE class!!**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Between 11-14 years of age** | | |
|  | 8:30-9:20 | Stretch and Strength (Skills development) | |
|  | 9:30-10:30 | Classical ballet *(min. 1-2 years of ballet education is required)* | |
|  | 10:40-11:30 | Repertoire *(can only be chosen together with classical ballet)* | |
|  | 11:40-12:30 | Modern (beginner) | Improvisation / Creative Children’s Dances |
|  | 12:40-13:30 | Modern (beginner) | Improvisation / Creative Children’s Dances |
|  | LUNCH | | |

*Courses will only be launched with a minimum number of 10 participants.*

*(The organizers can decide about exceptions)*

*The organizers are entitled to make alterations in the timetable and rearrange groups.*

DINING

|  |  |  |  |
| --- | --- | --- | --- |
|  | I want to have lunch: | A normal lunch | Vegetarian meal |

**I agree to all conditions of the application and I will transfer the course fees before 15th July, 2021.**

All applicants will receive a letter of confirmation by 20th June, 2021.

Please wait for our detailed letter of confirmation before transferring the fees!

With my signature I consent and allow you to take recordings of me/my child during the course, exclusively for documentation and educational purposes.

I consent to the handling and storing of my/my child’s personal particulars and data until 30th June, 2022 the latest, with the aim of organizing and arranging the course.

We inform you that you are entitled to withdraw your consent any time. A withdrawal does not concern legitimate data handling based on your consent before its withdrawal.

We inform you that a complete application form is the precondition of participation. Furthermore, in the absence of your consent, we are unable to provide participation at the course.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Date |  | Signature  in case of under 18 students the signature of parent/guardian |