Authorization for underage person



In touch with... INNOVATIVE BALLET MASTER CLASS

バレエインテンシブ TOKYO
I authorize my son / daughter
Name
Age
Date of birth
Nationality
Address / City
State
Country
Passport number
to participate in the ART of Ballet Intensive in Tokyo (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 10am until 6pm
My son / daughter is permitted to travel unaccompanied to and from the Ballet Intensive,
from Country / City name to Japan / Tokyo and back.
My son / daughter is permitted to travel unaccompanied to and from the buildings of the Ballet Intensive,
from Hotel / Hostel etc. (please insert the name & address) to Geino-Kadensho
6-12-30 Nishi Shinjuku, Shinjuku-ku Tokyo 160-8372
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 Tokyo:
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:
1 archio / 100gai guartuan name.
Parents / Legal guardian phone number:
Date: Parents / Legal guardian Signature: