CECCHETTI BALLET ASSOCIATES

Cecchetti Ballet Associates Choreographic Competition 2024 Sunday 5th May, Cecil Sharp House, 2 Regents Park Road, London NW1 7AY

PARTICIPANT DETAILS FORM TO BE COMPLETED ONCE ONLY BY ALL DANCER PARTICIPANTS

1. TITLE OF DANCE				
CHOREOGRAPHER	*SECTION			
2. TITLE OF DANCE				
HOREOGRAPHER* SECTION*				
*SECTION e.g., Middle Group sheet	, Senior Duet. If da	ancing in more than 2 pieces list others on a separate		
Dancer Details	Please complet	Please complete ALL details using BLOCK CAPITALS		
First Name (no middle)/:		Surname:		
Male	Female	Prefer not to say		
Date of Birth (dd/mm/yy):	/	_/		
Parent/Carer Details				
Name				
Telephone No/s:	Tel:	Mob:		
E-mail:				
Home Address:				
		Post Code		
•	give the name and	uilding participating in the event a specified accompanying adult telephone number of the person to contact in the event of an erent from above.		
Name		Mobile Number		
Relationship to student				
	•	ndition, allergies, injuries, disabilities or mobility / access re? Yes \(\square\) No \(\square\) If yes, please give details below (continue on a		

Details:	
ocal Authority (of home address, not school)	

If the participant is under the age of 18 years, this section must be completed by a parent/guardian

I confirm that the participant is medically fit to take part in this event.

- Cecchetti Ballet Associates competition organisers will take responsibility for participants at the
 venue between registration and signing out but will not take responsibility for the safety of
 participants outside these times. Participants must be accompanied by a Parent/Carer, Teacher or
 named accompanying adult who remains in the venue during the competition times.
- The specified accompanying adult will only be permitted into the backstage area in the event of an emergency.
- I confirm that I give permission for medical treatment to be given to the participant in the event of an emergency during the event. **N.B.** Every effort would be made to contact parents/carers at the earliest opportunity in the event of an emergency.
- Filming or photographing of the event is not permitted.
- Photographs/film may be taken throughout the event by an official representative of the CBA for publicity purposes
- I agree to the recording and broadcasting of the contribution by my child on 5th May 2024 in connection with filming and photography of the Cecchetti Ballet Associates Choreographic Competition and other CBA related media.
- I give you all the permissions you need from me to include the contribution given by my child (including their image, without time limit) to be distributed in any medium in any part of the world.
- I accept the CBA may edit the contribution given by my child and include it/parts of it within online and offline promotional related products.

I will observe, and ensure that the participant observes the conditions listed above.

Signature:	Date:
Name:	

THIS COMPLETED AND SIGNED FORM SHOULD BE RETURNED WITH THE CHOREOGRAPHER'S ENTRY FORM TO YOUR TEACHER GIVING SUFFICIENT TIME FOR YOUR TEACHER TO COLLATE ALL THE FORMS AND RETURN TO THE OFFICE BY THE CLOSING DATE OF 5TH APRIL 2024.

Teachers: please collate your forms and return with your check list to: BELINDA PAYNE, 21, WOBURN AVENUE, THEYDON BOIS, ESSEX. CM16 7JR.

TO BE RECEIVED BY THE CLOSING DATE OF: 5th April 2024

Email: choreographic@cecchettiassociates.dance

<u>DISCLAIMER:</u> Cecil Sharp House is a public building. The Cecchetti Ballet Associates cannot be held responsible for the loss of personal items. **Do not leave valuables unattended.**

HOW WE USE YOUR INFORMATION

CBA will process your personal information in accordance with our privacy policy which can be found in full on our website, www.cecchettiassociates.dance