

CHOREOGRAPHIC COMPETITION 2027

Sunday 2nd May, Central School of Ballet, 21-22 Hatfields, Paris Garden, London SE1 8DJ

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

1. TITLE OF DANCE _____

CHOREOGRAPHER _____ ***SECTION** _____

2. TITLE OF DANCE _____

CHOREOGRAPHER _____ *** SECTION** _____

***SECTION e.g., Middle Group, Senior Duet. If dancing in more than 2 pieces list others on a separate sheet**

Dancer Details

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 _____

Please note during the time the student is in the building participating in the event a specified accompanying adult must be in attendance. Please give the name and telephone number of the person to contact in the event of an emergency whilst the student is in attendance if different from above.

Name _____ Mobile Number _____

Relationship to student _____

Does the above-named student have any medical condition, allergies, injuries, disabilities or mobility / access requirements of which the CBA should be made aware? Yes ☐ No ☐ If yes, please give details below (continue on a separate sheet if necessary)

Details: _____

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 2nd May 2027 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 BEFORE THE CLOSING DATE OF 2nd April 2027 to:

BELINDA PAYNE, 21, WOBURN AVENUE, THEYDON BOIS, ESSEX. CM16 7JR.

Alternatively email the forms to: choreographic@cecchettiassociates.dance

BEFORE THE CLOSING DATE OF 2nd April 2027.

DISCLAIMER: 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