

APPLICATION FORM FOR THE STREET STYLES WORKSHOP for youngs from 12 to 16 years of age | AUGUST 26-30, 2024

Participant

Name		Surname	
Street, Nr			
ZIP code		City	
Phone Nr		E-mail	
Birth date			

Parent / guardian of a participant under the age of 18

Name		Surname	
Street, Nr *)			
ZIP code *)		City *)	
Phone Nr		E-mail	

*) Fill in if the participant's residence is different from his / her legal guardian

After completing my son / daughter's application for a Summer Street Styles Workshop, I understand the following facts:

1. In the sense of the signed application, I agree to the following principles:
 - a) Timely attendance of the participant at the Summer Workshop;
 - b) Adherence to health prevention and non-attendance of the sick participant in the studio care.
2. I agree with taking of photos, video- and audio recordings of the participant during the event for the documentation needs of the Dance Perfect Studio.
3. I authorize the responsible persons of the studio and related personnel to call first aid in the event of an accident, injury, or acute illness of a participant and appropriate follow-up medical care until I can be personally present.
4. Cancellation terms for summer workshop. If the participant opens out
 - a) **14 or more days** before joining the Workshop, we will refund **80 per cent** of the amount paid;
 - b) **13 to 3 days** before the beginning of the Workshop we refund **30 per cent** of the amount paid;
 - c) **Less than 2 days** before joining the Workshop, the cancellation fee is **100 per cent** of the amount.

I agree with the terms mentioned above and confirm my agreement with my signature.

Prague on _____

Signature