

## **PIACENZA ART BALLET SUMMER COURSE 2020**

**6 - 25 July 2020**

### **ENROLMENT FORM**

With this form you can reserve your place today in the PIACENZA ART BALLET SUMMER COURSE 2020.

You can confirm your enrolment later paying a deposit equal to 50% of the chosen option by 8 May 2020.

#### **Documentation**

To enroll, send the following documentation to [info@piacenzartballet.org](mailto:info@piacenzartballet.org):

- **Enrolment Form** available on [www.piacenzartballet.org](http://www.piacenzartballet.org) complete with **photography waiver** and **privacy policy** and **waiver**
- Pupil's **Identity Card** (and for minors that of the parent / guardian)
- Copy of **Sports record book** or **medical certificate** attesting a healthy and robust constitution
- Copy of the **receipt for the bank transfer equal to 50% of the chosen option**, to be paid by and not beyond **8 May 2020**. The rest (50%) must be paid off as follows:
  - o **Bank transfer by the course start date** (send by email or hand in proof of payment before the beginning of the lessons)
  - o **Check or cash** to be handed in before the beginning of the lessons.

#### **In addition attach:**

- Photo ID
- Photo in dance pose
- Links to videos or presentations

Fees paid will not be refunded under any circumstances.

#### **Bank transfer details:**

Ines Albertini

IBAN: IT39 D030 6912 6261 0000 0014 531

BIC/SWIFT: BCITITMM

BRANCH: Intesa Sanpaolo, Corso Vittorio Emanuele II 209, 29100 Piacenza (PC), Italy

OBJECT:

- DEPOSIT 50% Piacenza Art Ballet Summer Course, (indicate the period chosen)
- FINAL PAYMENT 50% Piacenza Art Ballet Summer Course

## ENROLMENT FORM

### For adults

Name .....  
Surname .....  
Date and place of birth .....  
Resident in ..... Street name .....  
House N. .... ZIP/Postcode ..... Nationality .....  
Tel/Mob. .... E-mail.....

### For minors

Name .....  
Surname .....  
Date and place of birth .....  
Resident in ..... Street name .....  
House N. .... ZIP/Postcode ..... Nationality .....  
Tel/Mob. .... E-mail.....

Pupil's parent or guardian:

Name .....  
Surname .....  
Date and place of birth .....

### I intend to participate in the following Auditions/Workshop

*(tick your chosen option)*

- ☐ **One week course € 400 euros** (four hundred)
- ☐ **Two week course € 700 euros** (seven hundred)
- ☐ **Three week course € 950 euros** (nine hundred and fifty)

### Period from 6 July to 25 July 2020

*(tick one or more options: you can apply for one or more weeks)*

- ☐ **Week from 06 to 12 July 2020**
- ☐ **Week from 12 to 19 July 2020**
- ☐ **Week from 19 to 26 July 2020**

DANCE SCHOOL  
(name and address)

.....  
.....

Briefly describe your studies including what disciplines you study, how often and at what age you started studying.

.....  
.....  
.....  
.....  
.....  
.....

### Stay/Affiliated Accommodation

☐ **I intend** to use affiliated accommodation at:

Affittacamere **Piacenza Palace** [www.piacenzapalace.com](http://www.piacenzapalace.com)

Special rate:

- **€ 40,00 (forty) a night** (local tourist tax payable on site)
- breakfast included and meals excluded

☐ **Length of stay:** from .....to .....

Signature (of parent or guardian for minors) .....

Place and date .....

### Privacy Policy

Personal data, in accordance with decree no. 196D.Lgs. 30 June 2003, will be processed for the sole purpose of fulfilling the existing contract; **Ines Albertini** C.F. LBRNSI90L50F205W and **Walter Angelini** C.F. NGLWTR91L01B729U via Pietro Cella 79 – Piacenza are responsible for processing the data and can be consulted for any request concerning personal data.

Signature (of parent or guardian for minors) .....

Place and date .....

## HEALTH DECLARATION

### PIACENZA ART BALLET SUMMER COURSE 2020

Dancers must complete and sign this form (in the case of minors, it must be compiled by a parent)

#### **MINORS**

I the undersigned ..... having parental responsibility  
for the minor..... born in .....  
(County/State/Region) ..... on ..... Resident in  
..... (County /State/Region) .....  
Address ..... Zip / Post code .....  
Tel./Mob. .... Email .....

AUTHORIZE the minor ..... to participate in **Piacenza Art Ballet Summer Course 2020** releasing the organizers from any responsibility for the participation, stay, care and custody of the minor. I DECLARE I am aware of the recreational nature and physical demands of the activity that the minor intends to participate in during the event. I also DECLARE, under my responsibility and fully aware of the penal responsibility for false declarations foreseen in art. 76 of DPR 445/2000, that the minor has undergone a medical check-up within.....months of the event, that certifies a robust and healthy constitution and the absence of impediments for dancing and am attaching a medical certificate.

SIGNATURE (the parent / guardian) ..... DATE .....

#### **ADULTS**

I the undersigned ..... born in .....  
(County/State/Region) ..... on ..... Resident in  
..... (County /State/Region) .....  
Address ..... Zip / Post code .....  
Tel./Mob. .... Email .....

As an adult I DECLARE I am aware of the recreational nature and the physical demands of the activity I intend to participate in during the **Piacenza Art Ballet Summer Course 2020**. I also declare, I am delivering a medical certificate issued by my primary care physician, that I have had a medical check-up within.....months prior to the event, that certifies a robust and healthy constitution and the absence of impediments for dancing. The certificate should be handed in attached to the present form at the moment of enrolment in the event. The event organizers decline all civil or penal responsibility inherent or consequent to participation in the Piacenza Art Ballet Summer Course 2020.

SIGNATURE (adult) .....DATE .....

## **PHOTOGRAPHY CONSENT FORM for adults**

*(Concession of rights to use images, film and interviews)*

Piacenza,.....2020

The undersigned.....

Resident in (Street Name and House Number).....

Town ..... Country/State/Region. ....

Country ..... Born in .....

Country/State/Region .....

Country ..... on .....

In accordance with art. 10 of the Civil Code, with art. 96 and 97 of law n° 633/1941 on copyright laws and art. 13 and 23 of the Decree Law n° 196/2003 on the protection of personal data, with the present form

### **AUTHORIZES**

**Ines Albertini** Fiscal Code **LBRNSI90L50F205W** and **Walter Angelini** Fiscal Code **NGLWTR91L01B729U** in their role as organizers of the **Piacenza Art Ballet Summer Course 2020**, to use, reproduce and publish images and film of their child taken by any technical means personally and / or by photographers, videomakers or authorized communication agencies in their name and on their behalf during the Summer Course 2020. The images and film can be taken inside the venue where the event is held, situated in Piacenza, in Via Pietro Cella 79, at the Piacenza Palace guest house situated in the same building, and/or in other another space outside the building in via Pietro Cella 79, on occasion of activities organized off site during the event. Setting up and using images is done completely without charge and correctly. Photographs, film and interviews can be used all over the world in any context (exhibitions, competitions, projections, internet and web, advertising, publishing, press and social channels).

Any use that compromises the honour, reputation and decorum of an individual is forbidden, in accordance with art. 97 of law n° 633/41 and art. 10 of the Civil Code.

In accordance with art. 98 of law n° 633/41 and in compliance with the sentence n°. 4094 of 28/6/1980 of the Court of Cassation, the originals of the images (digital files and/or negatives) are property of the photographer/videomaker and for sole use of the organizers of Piacenza Art Ballet Summer Course 2020.

News of the activities and formats recorded and / or in development during the whole event will not be released in advance or without authorization.

The present consent form has unlimited validity and is drafted and undersigned in full in two copies, confirming to have read the present and understood its contents. One copy is kept by the person filmed and the other by the organizers of Piacenza Art Ballet Summer Course 2020.

## **PHOTOGRAPHY CONSENT FORM for minors**

*(Concession of rights to use images, film and interviews)*

Piacenza,.....2020

The undersigned.....

Resident in (Street Name and House Number).....

Town ..... Country/State/Region. ....

Country ..... Born in .....

Country/State/Region .....

Country ..... on .....

As parent /guardian of .....

born in ..... On .....

In accordance with art. 10 of the Civil Code, with art. 96 and 97 of law n° 633/1941 on copyright laws and art. 13 and 23 of the Decree Law n° 196/2003 on the protection of personal data, with the present form

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**The parent / guardian of the photographed**

..... (legible signature)

**Ines Albertini**..... (legible signature)

**Walter Angelini** ..... (legible signature)

#### PRIVACY POLICY

The personal data of the filmed subject, in respect of Decree Law n°. 196 30 June 2003, will be processed only for the purpose of fulfilment of the current contract; **Ines Albertini** Fiscal Code **LBRNSI90L50F205W** and **Walter Angelini** Fiscal Code **NGLWTR91L01B729U** via Pietro Cella 79 – Piacenza, Italy are responsible for processing the data.

**The parent / guardian of the photographed**

..... (legible signature)

**The photographed subject** .....(*legible signature*)

**Ines Albertini**..... (*legible signature*)

**Walter Angelini** ..... (*legible signature*)

#### PRIVACY POLICY

The personal data of the filmed subject, in respect of Decree Law n°. 196 30 June 2003, will be processed only for the purpose of fulfilment of the current contract; **Ines Albertini** Fiscal Code **LBRNSI90L50F205W** and **Walter Angelini** Fiscal Code **NGLWTR91L01B729U** via Pietro Cella 79 – Piacenza, Italy are responsible for processing the data.

**The photographed subject**.....(*legible signature*)