**CECCHETTI BALLET**

 **ASSOCIATES**

**Cecchetti Choreographic Competition 2022**

**Sunday 1st 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 student is 16 years of age or under at the date of the competition please complete the following: Name of Academic School (not Dance School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of school** (delete as appropriate): **State Private Free Special School Academy Local 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 1st May 2022 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 **BELINDA PAYNE, 21, WOBURN AVENUE, THEYDON BOIS, ESSEX. CM16 7JR.**

**CLOSING DATE FOR ENTRIES: 1ST APRIL 2022**

Email: choreographic@cecchettiassociatescentral.org

 **DISCLAIMER:** 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.cecchettiassociatescentral.org](http://www.cecchettiassociatescentral.org).