**International Summer Course Registration Form 12-16.7.2020**

Please fill in a computer or clear handwriting and send the form to [office@vertigo.org.il](mailto:office@vertigo.org.il)

**Participant details:**

full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ | Grade: \_\_\_\_\_ | Current place of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female / Male

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobil number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dance background (years and fields) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent approval:**

I hereby approve the participation of my daughter / son in the International Dance Summer-camp by Vertigo.

We agree that photographs from the course in which my son / daughter appears will be posted on Vertigo's Facebook / Website. **(Surround) yes / no**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Declaration:**

I hereby declare that I / my son / my daughter is healthy and that, to the best of my knowledge, there is no medical / health restriction or disability that could harm or endanger me / my son / my daughter during the classes and that I / my son / my daughter is eligible to Participate in physical activity. I undertake to report any temporary or permanent problems should I arise later.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If there is any health problem or disability, you should sign this section:**I declare that there is indeed a health problem/disability/illness that I / my son / my daughter suffers from. I also undertake to inform this problem orally before the class begins. In order to continue my participation, I pledge to bring a physician's opinion confirming that there is no risk attending repertoire sessions given the aforementioned medical issue. I hereby release the Vertigo Dance Company and their teachers for damages that may result from the participation of me / my son / my daughter in classes and related to their medical disability

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General information:**

We maintain an ecological and vegetarian lifestyle in the Eco-Art village, as well as a gray water system. Please don't bring products such as non-ecological soaps, disposables or meat.

Registration for the course is valid when arranging payment for participation only.

**Cancellations and Refunds:**

In case of cancellation of registration up to one week, before the course starts, a cancellation fee of 120 ILS will be charged.

50% of the fee will be charged for cancellation from a week before the course starts.

On retirement during the course, due to a non-health issue, payment will not be refunded.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_