Breaching ... Feeling the stage

Registration Form

Last Name : .....

First Name : .....

Date of Birth : ..... / ..... / ..... Age : ..... years old

Preferred language .....

Address : .....

Phone : .....

E-mail : .....

Legal representative (if participant is a minor)

Last Name : .....

First Name : .....

Phone: .....

E-mail : .....

I authorize my child to participate in the workshop : ☐ Yes ☐ No

Health and safety

Person to contact in case of emergency : .....

Phone : .....

Allergies : .....

Dietary Restrictions : .....
.....
.....
.....

Transportation

Arrival transportation : ..... Return : .....

Authorizations

I authorize my child/participant to take public transportation alone : ☐ Yes ☐ No

I authorize the use of the image (photo/video) of the child/participant in the context of the activities and communications of the workshop : ☐ Yes ☐ No

Done at :..... Signature :

Date : .....