

PLEASE FILL IN INFORMATION CAPITAL LETTERS

Name, Surname of Parent/Legal Representative

APPLICATION FORM

Please register my son/daughter for participation in the
ChT Australian Solo Dancesport Competition Online:

NAME:

SURNAME:

CONTACT INFORMATION OF CHILD'S LEGAL REPRESENTATIVES:

Phone number:

E-mail:

I'm informed and accept the processing of my daughter's/son's/myself personal data by Champions Tour organisation and its representatives.

I certify that I am acquainted and understand the internal rules of the Champions Tour organisation and specifics of its activities.

I understand and accept that Champions Tour organisation will perform the processing of personal data in connection with my child/myself photography and filming.

I hereby give permission for such photographing, video-recording and/or audio-recording during any Champions Tour activity. I further give permission for such photographs, video and audio recordings to be used/published in print, broadcast and social media platforms as deemed appropriate for promotion of Champions Tour activities and for publicity surrounding participation in Champions Tour dance events.

Signature of child's parent/legal representative: _____

Date: _____