



**3rd INTERNATIONAL CONTEMPORARY  
DANCE CHOREOGRAPHIC  
COMPETITION  
Registration Form**

**Deadline is June 25th, 2024 @ 11:59pm**

\*\*Please scan and send completed registration form before June 25th 2024

Email completed registration form to: [\*\*teadecuba@gmail.com\*\*](mailto:teadecuba@gmail.com)

**First & Last Name/Nombre & Apellido**

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**Age/ Edad** \_\_\_\_\_ **Nationality/ Nacionalidad**

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**Home Address/ Dirección**

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**Tel:** \_\_\_\_\_ **Cell/ Celular** \_\_\_\_\_

**Email** \_\_\_\_\_

**Contact Person (name, address, cell number, and relationship) information**  
de un familiar( nombre, direccion, celular)

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**Status:**

\_\_\_\_\_ **Student / Estudiante**

\_\_\_\_\_ **Professional Dancer/ Choreographer / Teacher**(\*include Bio) Bailarin  
Profesional/ Maestro/ Coreógrafo( \*incluir biografia) **Name of Company (if  
applicable)** Nombre de la compañía

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**For Students only/ Para estudiantes**

**Name of School/program/ Nombre de la academia**

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**Language/Idioma** \_\_\_\_\_ **Years of dance training/ Años de  
entrenamiento** \_\_\_\_\_



**Please read and sign the Consent Authorization form of this document.**

## **Consent to use Video/Photograph**

### **Video/Photo Release Authorization for**

#### **DANZA CORPUS INTERNATIONAL DANCE COMPETITION 2024**

I, the undersigned, give permission to the Danza Corpus Canada, and/or parties designated Danza Corpus Canada to use the submitted photographs/videos in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use.

I and my organization further consent to the use of my name in connection with the photograph(s)/video(s) if needed by Danza Corpus and/or parties designated Danza Corpus Canada.

I and my organization understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my name and I hereby release Danza Corpus Canada and/or any parties designated by Danza Corpus Canada from any such claims.

I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

\_\_\_\_\_

Name (Please print) of Participant

Date

**Signature/Firma:** \_\_\_\_\_

\*Parent/Guardian signature required for participants under 18 years of age

**Questions?**

Email: [teadecuba@gmail.com](mailto:teadecuba@gmail.com)

Tel: 905-617-2037