

# TEEN ARTISTIC CAMP

Summer 2026

Registration form

- For young people ages 13 to 16, from June 29 to July 17, 2026.

By the week!

- An opportunity to discover and experience dance, theater, film, and music.
- Weekly schedules and prices: 9:00 AM - 1:30 PM: €148  
9:00 AM - 3:30 PM (with lunch): €208  
9:00 AM - 5:00 PM (with lunch): €244
- Discounts: -10% for Luthier students and siblings. -10% if you register 20 days in advance. (Maximum -20%).
- What to bring? It is mandatory to bring comfortable clothing, sneakers with socks, and a water bottle. The school provides the instruments and all necessary materials. We also offer chocolate cookies and breakfast, although we recommend that young people bring their own breakfast.

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## REGISTRATION FORM

Name and Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Postal code \_\_\_\_\_ City \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_ DNI/NIE \_\_\_\_\_ School grade \_\_\_\_\_

I, \_\_\_\_\_, as father/mother/tutor, wish that my son/daughter enrolls in TEENS ARTISTIC CAMP 2026 and state that I know and accept the conditions established by Escola Luthier de Música i Dansa.

DNI/NIE \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_



**REGISTRATIONS:**

- Spots are given by order of registration.
- The registration will not be considered finished if the payment has not been made 7 days before the start of the Summer Camp.
- The fee will be payed in cash or card in the secretary of Escola Luthier Dansa or by bank transfer\* to the following bank account: ES98 0049 3078 3127 1415 6268 or through our website.
- \*We don't send payment confirmation. We will only contact you if we have not received the payment.
- Cancellations: the 80% of the total fee will be refunded if it's comunicated to the secretary 7 days before the starting date. Once the Summer Camp starts the money will not be refunded.
- The organization reserves the right to make changes to the program if the teaching team deems it convenient for the students.
- We ask parents to check the kids heads to avoid lice.

- We ask parents to mark the clothes with name and surname.

- I authorize the school to take photographs or videos of summer camp activities for families' private use.

YES       NO

- I authorize the school to take photographs or videos of the summer camp activities for the school's commercial use. These images will never be shared with third parties.

YES       NO

- Can he/she go home by him/herself?

YES       NO

**DOCUMENTATION:**

- Fotocopy of the medical card (TSI).
- Registration form filled and printed.
- Medical needs and allergies form.

Choose the day/s and schedule:

- June 29 (Week 1)      Time: 9 a.m. to \_\_\_\_\_
- July 6 (Week 2)      Time: 9 a.m. to \_\_\_\_\_
- July 13 (Week 3)      Time: 9 a.m. to \_\_\_\_\_

Does he/she/they play an instrument? \_\_\_\_\_ Which one? \_\_\_\_\_  
Level \_\_\_\_\_

Does he/she/they practice any dance style? \_\_\_\_\_ Which one? \_\_\_\_\_  
Level \_\_\_\_\_



**MEDICAL NEEDS FORM AND KNOWN ALLERGIES**

Name and Surname \_\_\_\_\_  
Date of birth \_\_\_\_\_

- Is he/she/they allergic to some medicine? \_\_\_\_\_  
If yes, which to? \_\_\_\_\_
- Is he/she/they allergic to some food? \_\_\_\_\_  
If yes, which to? \_\_\_\_\_
- Does he/she/they have any other allergies? \_\_\_\_\_  
If yes, what to? \_\_\_\_\_
- Is he/she/they vaccinated with all the vaccines on the vaccination calendar? \_\_\_\_\_  
Date of the last antitetanus dose \_\_\_\_\_
- Does he/she/them need to take any medication during the Summer Camp? \_\_\_\_\_  
If yes, which one? \_\_\_\_\_

Contact telephone numbers to locate the father/mother/tutor at any given time of the day (please make sure to specify who it belongs to).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Barcelona, \_\_\_\_\_ of \_\_\_\_\_ 2026

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



**SUMMER CAMP 2026**

I authorize l'Escola Luthier de Música i Dansa to make the necessary medical-surgical decisions in cases of extreme severity, under the pertinent medical direction and only in case of not being able to contact the family members.

Name and Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Contact telephone numbers to be able to locate parents/guardians at any time of the day (please indicate who they belong to).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Barcelona, \_\_\_\_\_ de \_\_\_\_\_ del 2026

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



**SUMMER CAMP 2026**

**AUTORISATION TO GO HOME BY HIMSELF/HERSELF**

I, \_\_\_\_\_, with ID number \_\_\_\_\_, mother/father/guardian of \_\_\_\_\_, authorize my child to go home by him/herself at the end of their activities according to the time agreed upon at registration.

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

Barcelona, \_\_\_\_\_ 2026

