**CONSERVATOIRE PAU BEARN PYRENEES**

**ADMINISTRATIVE FORM**

I, the undersigned, ……………………………………………….., legal representative of the child...................................... / Adult :

* Releases the institution from any responsibility regarding my child outside of their class hours;
* Ensures the presence of the teacher before dropping my child off at the institution and **makes sure to pick them up as soon as their class ends;**
* Authorizes the hospitalization of the student if their health condition requires it (Pau hospital);
* Certifies that the student has liability insurance with the **insurance company:**

...............................................................number of Police :......................................................... ;

* Certifies that I have read the internal regulations (posted at the entrance of the Conservatoire);
* Commit to reviewing the information provided and posted by the institution;
* **Commit, on my honor, to pay the full annual fee within the given deadlines;**

**Note: Any false declaration will result in the immediate dismissal of the student.**

Made in ....................................., on : ………………………………………………………

Signature : .............................................................