Cluj
International
Flute & Clarinet
Masterclasses
2026

PARENT/GUARDIAN CONSENT FORM

I hereby acknowledge that, if selected,_____ (Print name of participant), has my permission to participate in the Cluj International Masterclasses 2026, in Cluj-Napoca, Romania from 17th to 24th of July, 2026.

Print name of Parent/Guardian: (print) _____

Relation to participant: _____

Parent/Guardian email: _____

Parent/Guardian phone number: _____

□ I hereby certify that I have read and agree to the conditions of the Cluj International Masterclasses 2026

□ I hereby agree with the use of the student personal data (name, address, e-mail, telephone etc.) for communication purposes with the Masterclasses Office.

Date: (YYYY/MM/DD) _____

Signature of Parent/Guardian: _____