



LITTLE SAMMY DRAGON - 2011
EXPRESSIONS OF INTEREST TO BE A DRAGON DANCER –
Little Sammy's Legs and Music

Training Dates: Weekly from late July (dates TBA)

Performance Dates: Saturday 10th September & Sunday 18th September

Child's Name: _____ Child's Age: _____ Tshirt & Pant Size _____

Parent/Guardian's Name: _____

Telephone: _____ Work: _____ Mobile: _____

Email: _____

Postal Address: _____

Medical Details:

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during training and performance? (please circle) **YES/NO**

If yes, please give details _____

Does your child have any serious allergies that we need to be aware of?

If so please give details _____

I would like to express my interest for my child to be a little Dragon Dancer at the following events: (Please tick box)

Saturday 10 September –

- Opening Ceremony
- Float Parade (this route covers 3kms over 2 hours and is appropriate for experienced Dragon Dancers)

Sunday 18 September – Cable Beach Amphitheatre

- Closing Ceremony



Will the Parent/Guardian

- Be attending trainings as a Dragon Dancer (please circle) **YES/NO**
- Be leaving their child in our care for training (please circle) **YES/NO**
- Be interested in helping with Little Sammy Dragon (please circle) **YES/NO**

Children will need closed in shoes at all times and a water bottle. Failure to attend in closed shoes may result in a child being unable to participate.

Consent

I am aware that any costs incurred as a result of accident or illness are my responsibility and that volunteers, staff or the Board are not responsible for any loss or damage to my child's personal property that may occur during the course of Shinju Matsuri and training sessions.

I agree to inform the organisers before the scheduled training and performances of any change in my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, volunteers and coordinators will arrange to present my child for medical assessment.

I have read and understood the information regarding Little Sammy Dragon Dancers and Music and give my consent for my son/daughter _____ to attend.

Signature of Parent/Guardian _____ Date _____

You will be contacted in the lead up to the festival for training sessions that will teach performance skills for Dragon Dancers. **Training sessions will commence from late July at Shire's Community Storage facility - Archer Street, Broome.**

Forms must be returned to Shinju Matsuri via fax: (08) 9193 7190, email: admin@shinjumatsuri.com.au or post: PO Box 150, Broome WA 6725 **ASAP**.

You will be notified of the details once the selection has been made.

Thank you for volunteering to be a part of Shinju Matsuri!