Fusion Dance Fest, Millennium Theatre, LIT, Moylish Park, Limerick, Ireland



UK + 44 7557 440274

Fusion Dance Fest

projectfusionfighters@gmail.com

Fusion Dance Fest 2018, Official Application Form

CLRG APPROVED

(August 09th - 16th, 2018)

Any questions you have regarding the application process or the festival in general, don't hesitate to contact us for a quick response at <u>projectfusionfighters@gmail.com</u>

| Dancer information | | |
|--|--|---------------|
| Name: | | |
| Date of birth: | | |
| Gender: | | |
| Dance Level (Intermediate/ Advanced/ Professional): | | |
| Dance School/ Organisation: | | |
| | | |
| Please give us a brief description of your Irish Dance | experience & other styles you may have tra | ained in: |
| | | |
| | | |
| | | |
| In case of emergencies: | | |
| Contact 1: | Phone Number 1: | |
| Contact 2: | Phone Number 2: | |
| Costumes: Please give UK/ IRE sizes | | |
| Girls:Regular T-Shirt (XS/S/M/L/XL): | Shirt/ Dress Size (4/6/8/10) etc | Waist Inches: |
| Guys Regular T-Shirt (XS/S/M/L/XL): | Shirt Size: | |

IMPORTANT: PLEASE INCLUDE HEADSHOT AND SHORT BIOGRAPHY SEPARATELY

Festival Information:

Date:

The dance fest will take place from Thursday the 9th August to Thursday 16th August (8 days in Total).

WHO CAN APPLY: DANCERS AGED 8+ WITH AT LEAST A COUPLE OF YEARS IRISH DANCE EXPERIENCE.

Festival Ticket: €699 (Apply before 01st February to receive

Includes all workshops, activities, evening events and 2 hot meals per day.

FRIENDS DISCOUNT OF 100 EURO WHEN 2 DANCERS APPLY TOGETHER

| There is also a *Family Discount of 100 Euro for 2 or more siblings who are accepted into the cast |
|---|
| Apartment accommodation available for 27.50 Euro PP Per Night. Families are welcome to stay with younger dancers with accommodation being able to sleep 4 per apartment with 1 double room en suite and 2 single room those applying for accommodation please list between 1-4 people below. |
| NAME 1 NAME 2 |
| NAME 3 NAME 4 |
| Code of Conduct: |
| At Fusion Dance Fest, there are a couple of rules we will need you to abide by during your time with us. |
| 1. Alcohol and Drugs - No student may possess or consume any alcoholic beverages or drugs on the University Campus. Any students found breaking these policies may, at the discretion of the Directors, be dismissed from the Festival. |
| 2. Harassment - No bullying or harassment of any kind will be tolerated- physical, verbal, sexual, emotional etc. Dancers who break this policy may, at the discretion of the Directors, be dismissed from the Festival. |
| 3. In general we just ask you to use your common sense and to act in a professional manor, especially while in the University Camus common areas. Aside from this our most important requirement is for you to have extreme amounts of fun and to enjoy your experience at all times! |
| Please sign below if you agree to our code of conduct. |
| Dancer Signature: |
| Parent Signature (If under 18): |
| Print Name of Dancer: |
| |

Fusion Dance Fest 2018, Health Form

To be completed by Parent or guardian if dancer is under the age of 18

Policy Number:

Do you have Medical/ Health Insurance Y/N Is this part of a Family policy? Y/N

Insurance Carrier:

Doctor(s) Name:

| Is dancer currently taking non-Presc | ription/ Prescription medication?: | |
|---|--|--|
| Please list any and all allergies (Medi | cations, food, plants, insects, hay fever, etc) | |
| Describe dancers reaction to each all | ergy & if medication is required. | |
| Please list any special Diets: Vege | tarian/ Vegan/ Diabetic etc | |
| Does the dancer have any current or | past medical condition/ injury? | |
| Festival policy: please read carefully | : | |
| Prescription Medicine must have: | Non- Prescription Medicine must have: | Labeling: |
| Complete Name of Patient Date prescription filled Expiration Date Name and address of dispensing pharmacy Name or physician prescribing medication Directions for use/precautions (if any) storage (if any | Complete name of patient Authorisation and instructions of use (from Parent or Physician) Please Note: If Dancer's medication needs should change, before Festival attendance and after all health forms submitted, a Physician's note is required. | Medications must be checked for the following: MUST be in their original containers All medications must be labeled correctly. |

Please note that all medication must be kept in our office (excluding inhalers and epi-pens). Please keep all medications in

their original containers, labelled with name of dancer, and ensure they have an expiration date. Loose or mixed

medication will not be accepted. Dancers may not have any medication unless previously agreed.

Data Protection / Privacy Statement

Personal Information provided to Fusion Fighters will be treated in strict confidentiality in accordance with Data Protection Acts. The data on the form will be held for administrative and teaching purposes.

Participant Liability Release.

For good and valuable consideration, the receipt and sufficiency of which hereby acknowledged, I (signed below) as parent or legal guardian of above named dancer (or signed by dancer if 18+), hereby grant the permission necessary to allow the minor to participate in the above Irish Dance Festival to be conducted by Fusion Fighters.

I, in my own behalf and on behalf or for the minor, further agree to release and hold harmless Fusion Fighters and their respective attorneys, officers, employees, directors, instructors, volunteers, and if applicable, owners and lessors of premises used to conduct the Festival, from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees and costs) arising out of or connected with the Festival, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic) that you/ the minor may incur or sustain during the Festival, including any claim arising out of or connected with any activities associated with the Festival and while traveling to and from the site for the Campus.

I, in my own behalf and on behalf of the minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the minor, am aware that this Liability contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the minor, have signed this document voluntarily and of my own free will.

Medical Release:

I acknowledge and agree, in my own behalf and on behalf of the minor, that such participation subjects minor to the possibility of physical illness or injury (minimal, serious) and that I, in my own behalf and on behalf of the minor, acknowledge that the minor is assuming the risk of such illness or injury by participating in the Festival. I hereby give permission to the Medical Personnel selected by the Fusion Fighters to assist with necessary transportation for my child for medical treatment if required. In the event that I cannot be reached in an emergency, I hereby give permission to Fusion Fighters staff to secure and administer treatment, including hospitalization, for my child as named above. I hereby hold the Directors, Staff and Volunteers, and if applicable, owners and lessors of premises used to conduct the Festival harmless in the exercise of any such authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the minor for any illness or injury that the minor may sustain during the Festival and while traveling to and from the site for the Festival.

I certify to the best of my knowledge that all of the information submitted by me is true and correct. I have read the above Participant & Medical Release and agree to follow the guidelines outlined. The person described has permission to engage in all Festival activities unless noted.

| Signature of Parent of Legal Guardian (If under the age of 18) or adult dancer : | | |
|--|-------|--|
| Print Name: | Date: | |
| Relationship (If Applicable): | | |
| Signature of Dancers (18 or above): | | |

Fusion Dance Fest Teacher Permission Form

Only applies to CLRG Dancers

Fusion Dance Fest has received Open Dance Camp Status from An Coimisiun Le Rinci Gaelacha. Which means all CLRG dancers that attend are exempt from all association rules. If you have any questions or concerns, feel free to contact us at projectfusionfighters@gmail.com

| Dancer Name: |
|--|
| Dance School: |
| By signing this form, I agree that the above student has my permission to attend Fusion Dance Fest 2018 on August 09th-16th, at the Millennium Theatre in Limerick. |
| Fleadh Cheoil 2018 |
| As Tradition dancers will be invited to join us at the Fleadh Cheoil on 17th- 19th August. We will hopefully again |
| have some official performances on Fleadh TV as well as our well know street performances! |
| The 2018 Fleadh is in Drogheda so if you are interested please look up accommodation as early as possible, this is a <u>separate event</u> from Fusion Dance Fest, please note we won't be organising any accommodation or catering but only any dance events and opportunities for our 2018 Cast. |
| Payment Info: (Important - Please add a Reference with your bank transfer with the name of dancer!!) |
| First Payment: After your application has been reviewed and accepted, we will require a deposit of 200 Euro. |
| Second Payment: Those Applying for Accommodation will need to pay in full at least one month before (July |
| 09th). Full Festival Ticket must be also be paid for by July 09th (1 Month Before). |
| Please note that deposits can not be refunded |
| Bank Details will be sent when application is successful, along with To Bring List etc |

- Additional Info:

Teacher(s) Name:

- Dancers will be placed into groups on day one of Fusion Dance Fest after being auditioned by the Choreographers.
- Some groups steps choreography will be sent out before hand to learn before arrival.
- Other performance opportunities may arise and these updates will be provided asap.