

FREQUENT FLYERS® AERIAL DANCE

Aerial Dance Intensive Training Program Application for 2018-2019

Applicant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

Guardian/Emergency Contact Name: _____

Guardian/Emergency Contact Relationship: _____ Phone: _____

Guardian/Emergency Contact Email: _____

Grade & School Attending for 2018-2019 School Year (if applicable): _____

Have you been a student of Frequent Flyers for 1 year or more? Circle: YES NO

If yes, in what horizontal apparatus are you a level 3 or above? Circle all that apply.

Lyra/Hoop

Low Flying/Dance Trapeze

Static Trapeze

If yes, in what vertical apparatus are you a level 3 or above? Circle all that apply.

Fabric/Silks

Rope/Corde Lisse

Sling/Hammock

If you are not a current student, please list your prior movement and aerial experience including the specific type of movement and apparatus and years of study.

Do you have any medical conditions? Yes No

If yes, please list: _____

Do you take any medications? Yes No

If yes, please list the medications and dosage, and if you carry that medication with you:

Do you have any current physical injuries? Yes No

If yes, please list: _____

Please list all of your past significant physical injuries, including the dates they occurred.

I certify that the above information is complete and accurate. I have read and understand the program requirements and costs, and I am available for all mandatory meetings, orientation, and performances. If accepted, I am fully prepared to commit to the Frequent Flyers® Aerial Dance Intensive Training Program.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE SUBMIT COMPLETED APPLICATIONS IN PRINT OR VIA EMAIL BY SUNDAY, AUGUST 12TH, 2018 AND REGISTER FOR AND ATTEND THE AUDITION ON SUNDAY, AUGUST 12TH, 2018. NOTIFICATION DATE: FRIDAY, AUGUST 17TH.

Application Submissions and Questions:

Alysha Perrin, Education Director
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303-245-8272

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