

Aerial Dance Professional Training Program Application for 2020-2021

Legal Name:	Pronoun:					
Preferred Name:	Date of Birth:					
Permanent Address:						
City:	State:		_Zip:			
Phone: (Mobile)	(Home)_					
Email:						
Do you have health insurance? (Circle one.) *Health insurance is required for participation in th	YES iis program.	NO	I WILL BY AUGUST 2020			
Do you have any current medical conditions, phys program? (Circle one.) YES	ical or mental NO	, that will	affect your participation in this			
If yes, please list:						
Do you have any current physical injuries? (Circle	one.)	YES	NO			
If yes, please list:						
Please list all of your past physical injuries, including the dates they occurred.						

List all current degrees and certifications you possess (what type, name of institution, year received):

Which aerial apparatus are you most proficient on?_____

Please list all main aerial apparatus, dance forms, and movement forms you have studied below.

Apparatus/Movement Form	Year Began	Total Years of Study	Who Studied With/Notes

If you are accepted, how do you plan to pay for the program?_____

If you are accepted, where do you plan to stay for the duration of the program?_____

How did find out about our Aerial Dance Professional Training Program?_____

Please answer the following questions on a separate piece of paper (no more than 4 pages, double spaced).

- 1. What draws you to the Frequent Flyers® Aerial Dance Professional Training Program?
- 2. What is your motivation for seeking a dance focused program over a circus-focused program?
- 3. What do you see as your greatest strengths in the field of aerial dance?
- 4. What do you foresee would be your biggest challenge(s) in the program?
- 5. What are your top 3 goals you hope to achieve through this program?
- 6. Do you intend to pursue a career in aerial dance? What do you envision that career to look like?
- 7. What positive contributions do you feel you could bring to the program and your class if accepted?
- 8. What are you most passionate about? (Can be related to aerial or not)
- 9. Do you possess any other related training or skills? (i.e. musician, actor, production skills, etc.)
- 10. Is there anything else you would like to share with us?

Along with this application, please include the following:

- A copy of your current aerial resume
- 2 letters of recommendation from people that have worked with you for at least 2 years in different capacities (at least one should be aerial related). Please ask them to include the following:
 - \circ $\,$ How long they have worked with you and in what capacity $\,$
 - o Comments on your ability to be self-motivated and work independently
 - \circ $\,$ Comments on your ability to set goals and work towards them
 - \circ $\;$ Comments on your respect for others, maturity, and ability to collaborate
- 2 links or files of videos of you performing: one aerial and one with you dancing on the ground
 - Please include related information about the choreographer, other performers, music, venue, and a description of which performer you are.
 - Please limit video submissions to 5 minutes per video.
 - These do not need to be professional videos.
- A link or file of a video of you executing the listed fitness skills.

EXERCISES	TECHNICAL REQUIREMENTS	GOAL
Pull Ups	Arms shoulder width apart, legs straight and together, avoid kipping or rolling shoulders, chin above bar	5 repetitions
Straddle Ups	On single pole (i.e. on a rope or with fabric tails together) Legs straight, fully inverted, switch which hand is on top when you switch sides, feet pointed	3 repetitions each side
Front Balance	Looking out, arms wide, legs straight and together, feet pointed	30 seconds
Handstand	Arms aligned under shoulders, body aligned head to toe, against a wall with stomach facing wall, legs together	1 minute
Toes to Bar	Legs straight and together, toes tapping bar or flexed under bar, shoulders engaged, feet pointed	8 repetitions
Push Ups	Arms narrow, shoulders stable, body aligned from head to toe	10 repetitions
Right Split	On floor/flat surface, legs turned out, arms off the ground if able, feet pointed	180 degrees
Left Split	On floor/flat surface, legs turned out, arms off the ground if able, feet pointed	180 degrees
Center Split	On floor/flat surface, facing ground (pancake style)	180 degrees
Timed Fabric Climbs	*Please state the height of the top of the fabric in your video. basic/peg climb, climb to top, tap gear, come down to about 1ft above floor without touching, repeat	As many climbs to the top as possible in 1 minute

Send application and required materials:

Frequent Flyers® Aerial Dance 3022 E. Sterling Circle, Suite 150 Boulder, CO 80301 Or email to alysha@frequentflyers.org **Questions:** Contact Alysha Perrin, Education Director alysha@frequentflyers.org www.frequentflyers.org 303-245-8272