## FREQUENT LYERS® AERIAL DANCE

## Aerial Dance Intensive Training Program Application for 2022-2023

Applicant Name:	Date of Birth	Date of Birth:	
Address:			
City:	State:	_Zip:	
Phone: (Home)	(Mobile)		
Email:			
Guardian/Emergency Co	ontact Name:		
Guardian/Emergency Contact Relationship:Phone:			
Guardian/Emergency Co	ontact Email:		
Grade & School Attendin	g for 2022-2023 School Year (if applicable	):	
-	of Frequent Flyers for 1 year or more? Cirratus are you a level 3 (int/adv) or above?		
Lyra/Hoop	Low Flying/Dance Trapeze	Static Trapeze	
If yes, in what vertical ap	pparatus are you a level 3 or above? Circle a	all that apply.	
Fabric/Silks	Rope/Corde Lisse	Sling/Hammock	
	student, please list your prior movement ar oe of movement and apparatus and years o	-	

Please list the estimated number of aerial performances you have participated in:			
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 financial commitment of the Aerial Dance Intensive Training Program.			
Applicant Signature:Date:			
Parent/Guardian Signature (if minor):Date:			

PLEASE SUBMIT COMPLETED APPLICATIONS IN PRINT OR VIA EMAIL BY <u>June 15</u>, 2022 AND REGISTER FOR / ATTEND THE AUDITION ON <u>July 10</u>.

NOTIFICATION DATE: <u>July 15</u>, 2022

<u>Application Submissions and Questions</u>:

Nancy Smith, Artistic Director <a href="mailto:nesmith@frequentflyers.org">nesmith@frequentflyers.org</a> 303-245-8272

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