

Aerial Dance Professional Training Program Application for 2024-2025

| Legal Name: | Pronouns: | | |
|--|----------------------|---|--|
| 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 by August 2024 for particle on the program? (Circle one.) If yes, please list: | articipation in this | at will affect your participation in this | |
| | | | |
| | | | |
| Do you have any current physical injuries? (Circle of | , | NO | |
| , 500, p. 6000 | | | |
| Please list all of your past physical injuries, includin | ng the dates they | occurred. | |
| | | | |
| | | | |

| List all current degrees and certifications you possess (what type, name of institution, year received): | | | | |
|--|------------------|----------------------|----------------------------|--|
| | | | | |
| Which aerial apparatus are yo | u most proficior | at an? | | |
| Please list all main aerial appa | | | ms you have studied below. | |
| Apparatus/Movement Form | Year Began | Total Years of Study | Who Studied With/Notes | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| you are accepted, how do y | ou plan to pay f | or the program? | | |
| | | | program? | |

| How did you find out about our Aerial Dance Professional Training Program? | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| If invited, are you able to attend the audition in Boulder, CO, on Sunday, June 2, 2024? | | | | |

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:
 - How long they have worked with you and in what capacity
 - Comments on your ability to be self-motivated and work independently
 - Comments on your ability to set goals and work towards them
 - 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 fitness exercises listed on the next page.

Send application and required materials:

Frequent Flyers® Aerial Dance 3022 E. Sterling Circle, Suite 150 Boulder, CO 80301 Or email to office@frequentflyers.org

Questions:

Contact Nancy Smith, Founder/Artistic Director nesmith@frequentflyers.org www.frequentflyers.org 303-245-8272

| 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. No kipping (swinging or beat back - must dead hang) | 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 |