

Aerial Dance Student Company Program Application for Fall 2025

Program Dates: August 20, 2025 - December 19, 2025

PLEASE SUBMIT COMPLETED APPLICATIONS IN PRINT OR VIA EMAIL BY JUNE 2, 2025

Applicant Nam	e:	Date of Birth:	Date of Birth:		
Address:					
City:		State: Zip:			
Phone: (Home))	(Mobile)			
Email:					
Guardian/Eme	rgency Contact Name:				
Guardian/Eme	rgency Contact Relationship:	Phone:			
Guardian/Eme	rgency Contact Email:				
Grade & School	l Attending for 2025-2026 Scho	ol Year (if applicable):			
Aerial Trainin	g/Performing Experience:				
Have you been	a student of Frequent Flyers for	1 year or more? Circle: YES / NO			
In what horizo underline all th		/3 (intermediate) or above? Circle or			
Lyra /Hoop	Low Flying/Dance Trapeze	Static Trapeze			
In what vertica underline all th	· · · · · · · · · · · · · · · · · · ·	(intermediate) or above? Circle or			
Fabric/Silks	Rope/Corde Lisse	Sling/Hammock			

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

Eligibility and Commitment:

If you are a parent or guardian	1, would you be able to sup	port StudCo through	volunteer wor	k (e.g.,
helping with costumes, super-	vising backstage during sh	ow week, ushering)?		

Yes / No

Please circle or underline to confirm that you and your parent(s) / guardian(s) have read the informational packet:

Yes, I have read and understood

Please confirm that you and/or your parent(s) / guardian(s) can commit financially to Student Company and are able to submit your payments by the due dates outlined in the informational packet and / or are submitting a work-study/scholarship application. Please circle or underline ALL that apply:

Yes. I can commit

I am submitting a work-study/scholarship

Each company member is required to take Student Company class rehearsal weekly on Wednesdays. Only **three** excused absences are allowed per class per semester. Please circle or underline to confirm that you intend to miss no more than 3 StudCo classes for the entire Fall season:

I will miss NO more than 3 classes for StudCo

Please list any known class conflicts:	

Each company member is required to enroll in one additional aerial technique class each session (Fall 1, Fall 2, Fall 3). Please circle or underline to confirm that you intend to miss no more than 3 technique classes for the entire Fall semester:

I will miss NO more than 3 technique classes

Please list an	iy known class	s conflicts:	

		ine one to confirm if your nesday, August 20th from	,, .	nn(s) will be at the parent /
Ye	es	No		
=		-		read and understand the ce Student Company Training
Applicant	Signature:			Date:
Parent/Gu	ıardian Signa	ature (if minor):	r	Oate:
PLEASE S	UBMIT COM	IPLETED APPLICATIONS	IN PRINT OR VIA	EMAIL BY <u>JUNE 2, 2025</u>
<u>Application</u>	on Submiss	ions and Questions:		
Casey Pott	ele, Frequent	Flyers® Aerial Dance Stu	dent Company Mar	aager
casey@fre	quentflyers.	org		