

AIDA | ACADEMY OF IMAGINATION & DRAMATIC ARTS REGISTRATION & PERMISSION FORM
SATURDAY "DRAMARAMA" Intro to Acting/Creative Expression for kids JK/SK 2021-2022

Instructed by AiDa Founder; Kaime Sherman

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289.396.8351 or cell 905.975.2313

GOLD AWARD 2020 BEST SUMMER CAMP, The Hamilton Spectator
Reader's Choice Award and winner.....

TOP TEN BEST OF BEST; 2016-2021

Art School/Instructor, Summer Camps, Kid's Activities,

Kid's Camps, Children's Entertainment

Theatre Instructor, Life Coach

**Kaime Sherman; Artist, Author, Mentor, Certified Life Coach,
Nominee 2017-2020 The City of
Hamilton Arts Awards: Arts Innovation | Community
Leadership and recipient YWCA Women of Distinction Arts &
Culture Award, AFW recipient Community
Appreciation Award/Arts and Culture**

Place: Churchill Clubhouse, 169 Cline Ave. North
(Westdale) Hamilton, ONT.

Fall Session: Nov. 6, 13, 20, 27 Dec. 4, 11.

Winter Session: Jan.29, Feb. 5, 12, 19, 26, Mar. 5, 12

Spring: Session: Apr. 2, 9, 16, 23, 30, May 7, 14, 21

FALL HAS 6 SESSIONS! Winter / Spring have 8 classes.

Cost: \$119.00 for FALL Session (includes HST) and
\$159.00 Winter and Spring Session (includes HST)

Due to COVID we are only RESERVING SPOTS.
Payment not required until face to face classes are
confirmed by City of Hamilton. LIMITED SPACE! ACT NOW!

Class Time: 10am-11:15am (75 minutes)

We are following COVID Provincial Guidelines set in place
by Ministry of Health, Public Health and City of Hamilton
for the safety and health of our students and volunteers.
Should guidelines change how we deliver our program we
will notify you!

RESERVE YOUR CHILD'S SPOT NOW!

I give permission for my child (*please print*) _____ to attend AiDa | Academy of Imagination
& Dramatic Arts, DRAMARAMA held at Churchill Clubhouse, 169 Cline Ave. North-Westdale in Hamilton, Ontario.

*Payment required whether in attendance or not once registered, as a spot has been reserved for your child. Any cancelled class by Drama
Coach or inclement weather will be rescheduled at a mutually convenient time as arranged with the City of Hamilton with whom AiDa
rents space at the Clubhouse. Students may bring a friend for ONE FREE class to see if they would like to sign up! *If your child will be
absent or late, please notify Drama Coach via text at 905.975.2313 before the time of class for attendance.*

Payments can be made via E-transfers to: aida.hamont@gmail.com (password: AIDA2021) or by cheque. Payment/or payment
arrangements are required before first class of each session. There is a \$30 NSF Charge for any returned cheques. **Cancellation
Policy: 50% refund when cancellation is received more than 2 weeks before session begins. No refunds once session begins.**

Should COVID restrictions CANCEL classes, a FULL REFUND of paid cancelled classes will be issued.

COVID CONSIDERATIONS: Fully vaccinated instructor, volunteers, masks worn indoors, handwashing/hand-sanitizing, contact
tracing, screening in place. Drop off outside of Clubhouse. Social Distancing at all times. Serious approach to cleaning surfaces,
air circulating after each session. **We value the health and safety of our students, parents and volunteers.**

Class for
ages 4-5

*What is your child's age:

Birthdate:

Current Grade:

Special instructions for my child: Any theater experience? Please share:

*Each child should come with a water bottle, comfy clothes & ready to have fun! 🎭

Has your child experienced, or are they currently experiencing, any of the following conditions?

ADHD/ADD Yes: No: Details:

Allergies Yes: No: Details:

Anxiety Yes: No: Details:

Asthma Yes: No: Details:

Epi-Pen Yes: No: Details:

Shyness: Yes: No: Details:

Mental Health issues Yes: No:

Details:

Behavioral Issues Yes: No: Details:

If yes, describe what accommodations work to aid in your child's success within a group setting:

Hearing problems Yes: No: Details:

Vision problems Yes: No: Details:

Eating Disorder Yes: No: Details:

Physical injury or pain Yes: No: Details:

Require any medication

While at class or camp Yes: No: Details:

Has your child ever been bullied? If so, how has this affected your child? Yes: No:

Emergency contact for (Student -Please print) _____ Permission for emergency treatment if necessary:

Full Name Parent or Guardian to contact/Cell

List of contacts _____ and numbers

Doctor + Phone _____

Health Card Number _____

Signature Parent/Guardian: _____

Participant’s Release Form for Emergency Treatment IF Parent or Guardian cannot be reached:

I am the parent or legal guardian of _____ (the student) _____ who is under 18 years of age, and desire that the student participate in the full program activities of AIDA-Academy of Imagination & Dramatic Arts programming. I acknowledge there may be a risk in participating in activities and I therefore will not hold AIDA or instructors responsible for any injury, sickness or accident to the student and for any loss or damage to personal property resulting from the student participating in the activities. I also give the instructors of AIDA permission to secure medical treatment beyond first aid, should medical attention be required. I hereby release AIDA-Academy of Imagination & Dramatic Arts and it’s instructors from any and all claims for libel and invasion of privacy in connection to participating.

PRINTED NAME & SIGNATURE OF PARENT OR LEGAL GUARDIAN (if student is under 18 yrs. of age)

_____ DATE _____

PHOTOGRAPHY PERMISSION RELEASE:

I as parent or legal guardian of _____ (the student) who is under 18 years of age, give permission for AIDA and it's instructors to use any **photography** of the student in class to be used primary for the purpose of AIDA-Academy of Imagination & Dramatic Arts multi-media advertising, web site or Facebook page for the sole purpose of promoting activities in our programming.

PRINTED NAME & SIGNATURE OF PARENT OR LEGAL GUARDIAN (if student is under 18 yrs of age)

DATE _____

_____ IMPORTANT! Check here if you DO NOT WANT YOUR CHILD IN ANY PHOTOS!

YOUR EMAIL:

HOW DID YOU HEAR ABOUT AIDA
Programming? _____

FOR OFFICE USE:

Drama Workshop Method of payment: _____

Check here to request receipt of payment _____