

**AIDA-ACADEMY OF IMAGINATION & DRAMATIC ARTS MARCH BREAK CAMP  
2023 REGISTRATION & PERMISSION FORM- CHURCHILL PARK CLUBHOUSE,  
169 CLINE AVE. NORTH-WESTDALE INDOOR/OUTDOOR ACTIVITIES**

AiDa Camp located at Churchill Park Community Clubhouse, 169 Cline Ave. North, Hamilton, Ontario CANADA

**Mailing Address:** 188 Dalewood Crescent, Hamilton, ON L8S 4C1

Email: [aida.hamont@gmail.com](mailto:aida.hamont@gmail.com); We are SOCIAL @aida.hamont

289.396.8351 Cell 905.975.2313

MARCH BREAK CAMP 2023 for ages 6-12

MENTOR LEADER YOUTH INITIATIVE ages 13-25

VOTED PLATINUM AWARD BEST CHILDREN'S ENTERTAINMENT, GOLD AWARD BEST SUMMER CAMP & KIDS ACTIVITIES 2020-22, TOP TEN BEST 2016-2022 Art School/ Instruction, Summer Camp, Children's Entertainment, Kids Camps, Kids Activities and Life Coach, 2016 CHCH Business Excellence Award; Art School, Winner 2022-23 Canadian Business Review Silver Award for 4.-5 STAR GOOGLE REVIEWS!

All AiDa classes, workshops and seasonal camps are instructed by AiDa award-winning Owner & Founder, author, mentor, artist and certified Life Coach, Kaime Sherman. As a graduate of The American Academy of Dramatic Arts, Kaime has served as Regional Representative and Adjudicator for over 25 years for both New York and Los Angeles campuses. Kaime is a YWCA Women of Distinction | Arts & Culture, making a profound impacted in the arts community in arts innovation. She is a City of Hamilton Arts Award Shortlisted Nominee Community Leadership | Arts Innovation 2017, 2018, 2019, 2020 and Arts Education/Community Leadership 2021-23, Community Partner with Mohawk College Continuing Education, Instructor "The Art of Communicating," and "Discover Your Authentic Voice," McMaster Creativity Workshop Facilitator, Mentor for Starter Company, Hamilton Business Centre, Boys and Girls Club of Hamilton, Member of Hamilton Arts Council, ACTRA and Gold Member of The Actor's Society. Her book "Creativity and Flow; A Journal of Ideas and Inspiration," is available [www.amazon.com/author/kwsherman](http://www.amazon.com/author/kwsherman).

To find out more about AiDa year round programming for all ages, community initiatives and partnerships visit: [www.aidahamont.com](http://www.aidahamont.com)

**Monday, March 13-Friday, March 17, 2023..... MARVELOUS MARCH BREAK 2023!**

AiDa continues to adhere to current and updated COVID protocol guidelines set out for Day Camps by the Ministry of Health, Public Health and The City of Hamilton. The safety of our students, instructor and Mentor Leaders is of the utmost importance to us.

CAMP HOURS: 9am-3:30pm

SPACE WILL BE LIMITED! RESERVE SPOT NOW!  
Payment options 1/ Pay in full or 2/ Non-refundable deposit of \$50 to reserve a spot. Balance of camp fee due by March 5<sup>th</sup>, 2023.

**Our purpose is to encourage imagination through whole mind body living learning!** 😊

All students are expected to be respectful and obey all safety rules For the health and welfare of themselves and others.

AiDa is a happy, creative, safe, inclusive space for creative expression, learning, self-discovery and community building.

**Cost FULL March Break Week: \$250 (HST included)**

**OPTION BY THE DAY:** Rate available: \$50 per day

Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Friday. \_\_\_

Operating from 9AM-3:30PM with options of EXTENDED CARE from 8:30 to 4:00. Extended care is an ADDITIONAL \$20 per day and offered AM | PM or Both. Please mark days needed and AM/PM or BOTH.

Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Friday. \_\_\_

Please return this registration by March 5<sup>th</sup>, 2023. (Please PRINT child's age and current grade.) \_\_\_\_\_

I give permission for (NAME) \_\_\_\_\_ to attend AiDa Camp located at Churchill Clubhouse.

Camp address: 169 Cline Ave. North, Hamilton, ON. Camp runs **Monday, March 13-Friday, March 17th, 2023** with indoor Clubhouse & outdoor activities at Churchill Park, Playground & Cootes Paradise Sanctuary Ravine Trails (*outdoor activities weather permitting*).  
**The fee is \$250.00 (HST included) Full week camp or optional \$50 per day (extended care option additional \$20 per day)**

Please send an E-transfer to: **aida.hamont@gmail.com** (*auto deposit is set up*) or mail cheque payable to: **AIDA and/or K. Sherman**.  
**Mailing address: 188 Dalewood Crescent, Hamilton, ON L8S 4C1** with this permission form. Payment is required by March 5th, 2023 and camper not considered registered until payment processed. There is a \$30 NSF charge for any returned cheques. **CANCELATION POLICY: If you cancel for any reason, 50% refund minus additional administration fee of \$30 when cancellation is received more than 2 weeks before session start date. ABSOLUTELY NO REFUND within 2 weeks of camp start date or during any camp as space has been reserved for your child! Additionally, If camp is cancelled due to COVID, by City of Hamilton, AiDa instructor, an Act of God, Hamilton Public Health or Ministry of Ontario Public Health, a FULL REFUND will be issued for days cancelled and/or a credit if requested to be applied for future AiDa programming with NO EXPIRY DATE. Thank you for your cooperation, understanding and most kind assistance.**

**Limited Space!** Maximum 20 campers.

<b>Ages 6-12</b> *What is your child's age?	Birthdate:	Current Grade:
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**Special instructions for my child: Any theater experience? Any behavioral issues? Allergies?**

**IMPORTANT REMINDER! \*Each child supplies their own refillable water bottle, NUT FREE AM/PM snacks, lunch & comes in comfy clothes, indoor & outdoor shoes/boots & ready to have fun! 😊😊😊**

To help us support your child. 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:	

Any other  
concerns we  
should know  
about?

**Participant's Release Form for indoor outdoor participation in activities**

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)

**AIDA | ACADEMY OF IMAGINATION & DRAMATIC ARTS emergency Contact Information:**

CHILD'S NAME: \_\_\_\_\_

PRIMARY CONTACT: Name & Cell \_\_\_\_\_

SECONDARY CONTACT: Name & Cell \_\_\_\_\_

Child's Health Card: # \_\_\_\_\_

I parent/guardian of (child's name) \_\_\_\_\_ give permission to AIDA to seek emergency care if necessary and to notify me as soon as possible.

Name of Parent/Guardian:  
(print) \_\_\_\_\_ (signature) \_\_\_\_\_

EMAIL: PLEASE PRINT CLEARLY: \_\_\_\_\_

**\*\*PERMISSION FOR PHOTOGRAGHY or VIDEO for the purpose of MEDIA MARKETING/ADVERTISING AiDa:**

I, 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 social media for the sole purpose of promoting activities in our programming.

(IF YES PLEASE PRINT YES!!) \_\_\_\_\_

IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED PRINT NO! \_\_\_\_\_

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

\_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE NOTES:** Payment Received: \_\_\_\_\_ Method of Payment \_\_\_\_\_ Request for Receipt \_\_\_\_\_