

**AIDA | ACADEMY OF IMAGINATION & DRAMATIC ARTS REGISTRATION & PERMISSION FORM**  
**SATURDAY "PURE DRAMA, an intro to Acting & Skill Building" 2022/23**

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Instructed by AiDa Founder; Kaime Sherman

**Mailing Address: 188 Dalewood Crescent**

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www.aidahamont.com

**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

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

**BY POPULAR DEMAND! EXPANDED TO 13 CLASSES!**

**FALL/WINTER 2022/23 Session:** October 22, 29, November 5,  
12, 19, 26, December 3, 10, 17 (NO CLASSES Dec. 24 and 31<sup>st</sup>),  
January 7, 14, 21 and 28<sup>th</sup>.

**WINTER/SPRING 2022/23 Session:** February 25, March 4, 11, 25  
(NO CLASS MARCH 18), April 1, 15, 22, 29 (NO CLASS APRIL 8)  
May 6, 13, 20, 27<sup>th</sup> and June 3<sup>rd</sup>.

Cost: \$249 per session (includes HST)

**Class Time: Saturdays, 12:30pm-2:30pm (2 hours)**

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!

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Place: Churchill Clubhouse, 169 Cline Ave. North

**RESERVE YOUR CHILD'S SPOT NOW!**

I give permission for my child (*please print*) \_\_\_\_\_

to attend AiDa | Academy of Imagination & Dramatic Arts, **Saturday PURE DRAMA, an intro to Acting & Skill Building**, 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](mailto:aida.hamont@gmail.com) (password: AIDA2022) 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, currently masks optional, 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 6-12

\*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: AIDA DRAMA KIDS SHINE!!!!**

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 for AiDa promotion!

**YOUR EMAIL:**

\_\_\_\_\_

HOW DID YOU HEAR ABOUT AIDA

Programming? \_\_\_\_\_

FOR OFFICE USE:

Drama Workshop Method of payment: \_\_\_\_\_

Check here to request receipt of payment \_\_\_\_\_