

**AIDA | ACADEMY OF IMAGINATION & DRAMATIC ARTS REGISTRATION & PERMISSION FORM-  
AFTER-SCHOOL DRAMA WORKSHOP TUESDAYS 2022-2023**

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Instructed by AiDa Founder; Kaime Sherman

**Mailing Address: 188 Dalewood Crescent**

**Hamilton, Ont. L8S 4C1 Email:**

**aida.hamont@gmail.com**

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; 2016-2022

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 2017-2022 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, Ontario

BY POPULAR DEMAND EXPANDED TO 13 CLASSES!

**Fall/Winter 2022/23 Session:** October 18, 25, November 1,  
8, 15, 22, 29, December 6, 13, 20 (NO CLASSES Dec. 27,  
Jan. 3) January 10, 17, 24.

**Winter/Spring 2023 Session:** February 28, March 7 (NO  
CLASS March 14), March 21, 28, April 4, 11, 18, 25, May 2,  
9, 16, 23 and 30.

Cost: \$229 per session (includes HST)

Class Time: 4:30-6pm (90 minutes)

*We follow COVID Provincial Guidelines set*

*by Ministry of Health, Public Health and City of  
for the safety and health of our students and volunteers.*

*Should guidelines change how we deliver our program we  
will notify you!*

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

to attend AiDa classes at The Churchill Clubhouse, 169 Cline Avenue North, Hamilton, Ontario.

Class for

ages 6-12

\*What is your child's age:

Birthdate:

Current Grade:

**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, as a GUEST, 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) **AUTO DEPOSIT set up** 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. If class start date is delayed, the total session fees will be prorated to reflect the canceled classes due to COVID restrictions.**

**COVID CONSIDERATIONS: Fully vaccinated instructor, volunteers, masks worn indoors (optional), handwashing/hand-sanitizing.**

**Drop off/pickup 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.**

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



**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 and/or  
Guardian to **student**  
Contacts/Cell Numbers

**PLEASE PRINT!**

List of contacts (Name & Cell Numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Card Number \_\_\_\_\_

**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 \_\_\_\_\_

**PERMISSION FOR PHOTOGRAPHY 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, workshop, camp to be used for the primary purpose of AIDA- Academy of Imagination & Dramatic Arts multi-media advertising, marketing, web site and social media for the sole purpose of promoting activities in our AIDA programming.

**OUR STUDENTS AND MENTOR LEADERS ARE OUR STARS!!!** As community builders, we like to share our adventures and activities so others might discover the AiDa MAGIC!

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

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

YES, I GIVE PERMISSION TO PHOTOGRAPH for advertising of AiDa: PLEASE WRITE

YES: \_\_\_\_\_

IMPORTANT! Check here and WRITE NO, if you DO NOT WANT YOUR CHILD IN ANY PHOTOS!

NO PHOTOS; \_\_\_\_\_

**CONTACT EMAIL:**

\_\_\_\_\_

HOW DID YOU HEAR ABOUT AIDA

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

\*\*\*\*\* Thank you for choosing AiDa! The safety and health of all our students, volunteers, Mentor Leaders and our community, is of the utmost importance. We look forward to creating many happy memories, as we continue to inspire creativity, collaboration, communication, confidence and community!

\*\*\*\*\* We appreciate your patience and support! We welcome and encourage you to write us a positive REVIEW on GOOGLE! We are very PROUD OF OUR 5 STAR RATING and are HAPPY TO CELEBRATE 2022 as our 7<sup>TH</sup> ANNIVERSARY of creating POSITIVE CHANGE igniting IMAGINATION, WONDER and POSSIBILITIES! ☺

**FOR OFFICE USE:**

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

Request for a receipt? \_\_\_\_\_