

**AIDA-ACADEMY OF IMAGINATION & DRAMATIC ARTS MARCH BREAK CAMP
2022 REGISTRATION & PERMISSION FORM- CHURCHILL PARK CLUBHOUSE,
167 CLINE AVE. NORTH-WESTDALE INDOOR/OUTDOOR ACTIVITIES**

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

Mailing Address: 188 Dalewood Cres. Hamilton, ON L8S 4C1

Email: aida.hamont@gmail.com; We are Social @aida.hamont

289.396.8351 Cell 905.975.2313

MARCH BREAK CAMP 2021 for ages 6-12

MENTOR LEADER YOUTH INITIATIVE ages 14-25

VOTED GOLD AWARD BEST SUMMER CAMP 2020, TOP TEN BEST 2016-2021 Art School/ Instruction, Summer Camp, Children's Entertainment, Kids Camps, Kids Activities and Life Coach, 2016 CHCH Business Excellence Award; Art School

All AiDa classes, workshops and seasonal camps are instructed by AiDa award-winning 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 impact in the arts community and in arts innovation. She is a City of Hamilton Arts Award Nominee Community Leadership | Arts Innovation 2017, 2018, 2019, 2020, Community Partner with Mohawk College Continuing Education, Instructor "The Art of Communicating," and "Discover Your Authentic Voice," 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.

To find out more about more AiDa After School Drama Tuesdays, Saturday classes, workshops and seasonal camps; visit: www.aidahamont.com

Monday, March 14-Friday, March 18, 2022

AiDa will be adhering to all COVID protocol guidelines set out for Day Camps by The Ministry of Health, Public Health and The City of Hamilton. Social Distancing, masks and handwashing will be in place. AiDa will be contact screening, limiting our gathering indoors, and following The Safety Plan set in place for the Roadmap requirements for all City of Hamilton permit holders. The safety of our students, instructor and Mentor Leaders is of the utmost importance to us.

Should the Roadmap to Reopening Change and/or the COVID Situation change, we will pivot in how we deliver our program.

SPACE WILL BE LIMITED RESERVE SPOT NOW!

We have not been able to produce our March Break Camp Since 2019 and can't wait to move forward and create MAGIC again!

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

MARVELOUS MARCH BREAK 2022

Camp hours: 9am-3:30pm

Cost FULL March Break Week: \$225 (HST included)

OPTION BY THE DAY: Rate available: \$45.00 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 \$10 per day and offered AM | PM or Both. Please mark days needed:

Mon. ___ Tues. ___ Wed. ___ Thur. ___ Friday ___

Please return this permission slip by March 5th, 2022.

I give permission for my child (age) _____ to attend Camp located at Churchill Park

Community Clubhouse, 167 Cline Ave. North, Hamilton, ON starting **Monday, March 14-Friday, March 18th, 2022** at Churchill Park Community Clubhouse-167 Cline Ave North-Westdale, Hamilton, Ontario indoor Clubhouse & outdoor activities @ Churchill Park & Cootes Paradise Sanctuary Ravine Trails (*outdoor activities weather permitting*)

The fee is \$225.00 (HST included) Full week camp or optional \$45 per day (extended care option additional \$10 per day)

Please send an E-transfer to: aida.hamont@gmail.com (PASSWORD: name of camp: AIDA2022) 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 11th, 2022 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 kids.

| | | |
|---|------------|----------------|
| Ages 6-12 *What is your child's age? | Birthdate: | Current Grade: |
|---|------------|----------------|

Special instructions for my child: Any theater experience? Any behavioral issues? Allergies?

*Each child supplies their own water bottle, AM/PM snacks, lunch & comes in comfy clothes, indoor & outdoor shoes/boots & 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:

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 and to notify me as soon as possible.

Name of Parent/Guardian: (print) _____ (signature) _____

EMAIL: _____

Method of Payment: _____

****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 Facebook page for the sole purpose of promoting activities in our programming. (IF YES PLEASE CHECK HERE!) _____

IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED CHECK HERE! _____

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 _____