

**AIDA-ACADEMY OF IMAGINATION & DRAMATIC ARTS REGISTRATION & PERMISSION FORM-  
AFTER-SCHOOL DRAMA WORKSHOP TUESDAYS 2019/2020**

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Founder | Artistic Director, Kaime Sherman

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

Email: [aida.hamont@gmail.com](mailto:aida.hamont@gmail.com)

289.396.8351 cell 905.975.2313

2019 Nominee Spectator Readers' Choice-Best  
Summer Camp, Art School, Theatre Instructor

Voted 2018 The Hamilton Spectator Reader's Choice  
Top Ten-Best: Theatre Instructor, Art School,  
Children's Entertainment

2017 Nominee 6 categories+ Best New Business of  
2016- 2017, Business That Gives Back To Community  
2016 CHCH Business Excellence Silver | Art School

2017/18 Voted Top Ten Best Art School: The Hamilton  
Spectator Reader's Choice Awards

2017/18/19 AiDa Founder Nominee The City of  
Hamilton Arts Awards: Arts Innovation | Community  
Leadership

2015 AiDa Founder; recipient YWCA Women of  
Distinction | Arts & Culture

We are SOCIAL: Like/ Follow/Share us on Facebook,  
Instagram, Twitter or Google

@aida.hamont

Visit our website [www.aidahamont.com](http://www.aidahamont.com)

**AiDa | Academy of Imagination & Dramatic Arts,  
Drama**

Workshop Tuesdays held at Churchill  
Clubhouse, 169 Cline Ave. North-Westdale in  
Hamilton, Ontario

Classes offered in Fall, Winter, and Spring  
Sessions with 8 classes each per session!

**FALL SESSION: Oct .15, 22, 29, Nov.5, 12, 19, 26  
& December 3.**

**2020 Sessions: Dates to be announced**

**SAVE THE DATES: AiDa 2020 MARCH BREAK  
CAMP: March 16-20 & SUMMER CAMP  
JULY/AUGUST weeks to be announced &  
Registration opens January 1<sup>st</sup>, 2020.**

**Cost: Session of 8 Classes are \$120 (including  
HST). Payment OPTIONS: in full or 2 payments  
of \$60.00 dated Oct & Nov. Payments can be  
made via cheque, cash or E-Transfer (\*Sibling  
Discount for 3+)) Payment required whether  
present or not to reserve spot. AiDa alumni may  
bring a friend 1 class for FREE to encourage  
them to join. Limited space!**

**Class Time: 4:15pm-5:45pm (90 minutes)**

**Limited Space! ACT NOW!**

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**Please fill out and return permission slip with payment ASAP to: Kaime Sherman**

I give permission for my child (please print) \_\_\_\_\_ to attend AiDa | Academy of Imagination  
& Dramatic Arts, Drama Workshop Tuesdays 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.*

E-transfers are made to: [aida.hamont@gmail.com](mailto:aida.hamont@gmail.com) (password: drama) or mail cheque or money order to: AIDA and/or K.  
Sherman; 188 Dalewood Crescent, Hamilton, ON L8S 4C1 with this permission form. 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.**


**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:**

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!

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**YOUR EMAIL:**

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HOW DID YOU HEAR ABOUT AIDA  
programming? \_\_\_\_\_

**FOR OFFICE USE:**

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

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