

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

Founder | Owner, Kaime Sherman

Visit our website www.aidahamont.com

Mailing Address: 188 Dalewood Crescent

Hamilton, ON L8S 4C1

Email: aida.hamont@gmail.com

289.396.8351 cell 905.975.2313

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

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

**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 Award**

**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**

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

**Winter/Spring 2020 dates: Feb. 11, 18, 25, Mar. 3,
10, 24, 31, Apr. 7, 21, 28, May 5, 9, 12, 19, 26 June
2, 9.**

**Cost: (including HST) \$15 per class (17 classes)
\$255 in full or 2 Payments of \$127.50 each:
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)

**We are SOCIAL: Like/ Follow/Share us on Facebook,
Instagram, Twitter or Google @aida.hamont**

Limited Space! ACT NOW! Registering NOW TOO for
March Break and Summer Camp 2020!

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 (password: aida) 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!

YOUR EMAIL:

HOW DID YOU HEAR ABOUT AIDA

Programming? _____

FOR OFFICE USE:

Drama Workshop Method of payment: _____

Check here to request receipt of payment _____