## AIDA | ACADEMY OF IMAGINATION & DRAMATIC ARTS REGISTERATION & PERMISSION FORM SATURDAY "PURE DRAMA, an intro to Acting & Skill Building" Grades 2-8! Season 2021-2022

Instructed by AiDa Founder; Kaime Sherman

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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

Place: Churchill Clubhouse, 169 Cline Ave. North

(Westdale) Hamilton, ONT.

<u>Fall Session</u>: Oct. 23, 30, Nov. 6, 13, 20, 27 Dec. 4, 11 <u>Winter Session</u>: Jan.29, Feb. 5, 12, 19, 26, Mar. 5, 12 <u>Spring: Session</u>: Apr. 2, 9, 16, 23, 30, May 7, 14, 21

Each Session has 8 classes.

Cost: \$179.00per session (includes HST)

Due to COVID we are only RESERVING SPOTS.

Payment not required until face to face classes are confirmed by City of Hamilton. LIMITED SPACE! ACT NOW!

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!

## **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: <u>aida.hamont@gmail.com (password: AIDA2021)</u> 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, masks worn indoors, 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	*What is your child's age:	Birthdate:	Current Grade:	
ages 6-12	wriat is your criffu s age.	bii tiidate.	current Grade.	

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:					
	Detai	ls:					
Behavioral Issues	Yes:	No:	Details:				
If yes, describe what accommodations work to a your child's success within a group setting:							
Usaria sanah lang	Vari	Nec	Datatla				
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 bu	Illied? If so	, how has t	his affected you	r child?	Yes:	No:	

Emergency contact for (Student -Please print)treatment if necessary:	Permission for emergency
Full Name Parent or	
Guardian to	
contact/Cell	
List of contacts	and numbers
Doctor + Phone	
Health Card Number	
Participant's Release Form for Emergency Treatment IF Parent or Guardian car	nnot be reached:
	(the student) who
is under 18 years of age, and desire that the student participate in the full progr. Arts programming. I acknowledge there may be a risk in participating in activitie responsible for any injury, sickness or accident to the student and for any loss of participating in the activities. I also give the instructors of AIDA permission to se attention be required. I hereby release AIDA-Academy of Imagination & Dramat and invasion of privacy in connection to participating.	s and I therefore will not hold AIDA or instructors r damage to personal property resulting from the student cure medical treatment beyond first aid, should medical ic Arts and it's instructors from any and all claims for libel
PRINTED NAME & SIGNATURE OF PARENT OR LEGAL GUARDIAN (if student is un	der 18 yrs. of age)
DATE	

## PHOTOGRAPHY PERMISSION RELEASE: \_\_\_\_\_(the student) who is under 18 years of age, give permission for I as parent or legal guardian of \_\_\_\_\_ 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\_\_\_\_\_\_