

**AIDA | ACADEMY OF IMAGINATION & DRAMATIC ARTS WINTER BREAK CAMP
2018 REGISTRATION & PERMISSION FORM- CHURCHILL PARK CLUBHOUSE,
167 CLINE AVE. NORTH-WESTDALE INDOOR/OUTDOOR ACTIVITIES**

AiDa Founder | Artistic Director | Camp Director
Kaime Sherman

Mailing Address: 188 Dalewood Cres. Hamilton, ON L8S 4C1
aida.hamont@gmail.com

289.396.8351 Cell 905.975.2313

AiDa is multi-award winning as 2016 Spectator Reader's Choice
Top Ten Best Theatre Instructor, Arts School, Children's
Entertainment, 2017 Nominee in 6 categories, 2016 CHCH
Business Excellence Silver Award-Art School, 2017 City of
Hamilton Arts Award Nominee Community Leadership | Arts
Innovation

Like Follow SHARE on Facebook, Instagram, Twitter

@aida.hamont

Website: aidahamont.com

Churchill Park Community Clubhouse, 167 Cline Ave.
North, Hamilton, ON

When: **WINTER BREAK CAMP Tuesday, January 2-
Friday, January 5, 2018**

Time: 9am-3:30pm

Cost of FULL CAMP is \$179.00 (includes HST)

Extended care option 8:30AM-4:30PM @ additional \$5 per day: Confirm
if extended care is needed for morning, afternoon, or both and what
days? AM | PM | BOTH

Tues:___Wed___Thurs.___Fri___

OPTION BOOK BY DAY at \$45 per day rate:

Tues___Wed___Thurs___Fri___

Limited Space! REGISTER NOW to avoid disappointment!

Please return this permission slip by December 19, 2017

I give permission for my child _____ to attend AiDa Camp at Churchill Park Community
Clubhouse, 167 Cline Ave. North, Hamilton, ON starting **Tuesday, January 3-Friday January, 6- 2018** 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 \$179.00 (includes HST) for full camp or \$45 per day (extended care option at additional \$5 per day)

Please send an E-transfer to: aida.hamont@gmail.com or mail cheque or money order to: **AIDA and/or K.**

Sherman; Mailing address: 188 Dalewood Crescent, Hamilton, ON L8S 4C1 with this permission form. Payment is required by December
22 and is non-refundable after December 30^h, 2017. There is a \$30 NSF charge for any returned cheques. **Cancellation Policy:** 50% refund
when cancellation is received more than 2 weeks before session start date. NO refunds within 2 weeks of session start date. **Limited Space!**
Maximum 20 kids.

For ages 6-12 *What is your child's age?

Birthdate:

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)

_____ DATE _____

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: _____

PERMISSION FOR PHOTOGRAPHY for the purpose of advertising:

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 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 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:

EMAIL: _____

Method of Payment: _____

Receipt issued or required: _____