

**AIDA-ACADEMY OF IMAGINATION & DRAMATIC ARTS MARCH BREAK CAMP
2020 REGISTRATION & PERMISSION FORM- CHURCHILL PARK CLUBHOUSE,
167 CLINE AVE. NORTH-WESTDALE INDOOR/OUTDOOR ACTIVITIES**

Founder | Owner | Camp Director: Kaime Sherman, Author of "Creativity and Flow; A Journal of Ideas and Inspiration" available
www.amazon.com/author/kwsheerman

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

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

aida.hamont@gmail.com

289.396.8351 Cell 905.975.2313

MARCH BREAK CAMP 2020 for ages 6-12

MENTOR LEADER YOUTH INITIATIVE ages 14-25

MENTOR LEADER IN TRAINING age 13

**AiDa VOTED TOP TEN BEST Art School, Summer Camp, Children's
Entertainment and Theatre Instructor 2015-2019 The Hamilton
Spectator Reader's Choice Awards**

2016 CHCH Business Excellence Award; Art School

AiDa Founder, Kaime Sherman, City of Hamilton Arts Award Nominee Community Leadership | Arts

Innovation 2017, 2018, 2019

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. YWCA Woman of Distinction; Arts | Culture 2015.

All AiDa Workshops and Camps created and instructed by Kaime Sherman, Alumni Actors

Society, The American Academy of Dramatic Arts, 25+Adjudicator for

AADA both New York and Los Angeles.

Monday, March 16-Friday, March, 20, 2020

Camp hours: 9am-4pm

We are SOCIAL! Like Follow Share us on Facebook, Instagram, Twitter

@aida.hamont

Website: aidahamont.com

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 4:30. 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 9

I give permission for my child _____ to attend Camp located at Churchill Park
Community Clubhouse, 167 Cline Ave. North, Hamilton, ONT starting **Monday, March 16-Friday, March 20th,**
2020 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 at additional \$5 per day)

Please send an E-transfer to: aida.hamont@gmail.com (PASSWORD: name of camp: AIDA2020) or mail cheque or money order payable
to: AIDA and/or K. Sherman

Mailing address: 188 Dalewood Crescent, Hamilton, ON L8S 4C1 with this permission form. Payment is required by February 26th, 2019 and camper not considered registered until payment processed. There is a \$30 NSF charge for any returned cheques. **CANCELTATION POLICY:** 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!**
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 PHOTOGRAPHY 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 _____