



# Girls Inc. of Durham

## GirlZONE

For girls ages 13-18

Wednesday evenings—6:30-8:30 PM

Girls Inc. Office—1-398 Bayly St. W., Ajax

Members: \$25/4 wk session

Non-Members: \$40/4 wk session



Youth will develop leadership skills and participate in activities that build self-confidence, assertion, teamwork, and healthy communication. Girls will have a safe, fun space to discuss age-specific challenges and use their voice to impact positive change in their community. Teens will have the opportunity to act as peer-mentors to the younger girls and earn volunteer community service hours. Join us in a place where your opinion counts, where you can ask questions, explore and have lots of FUN!

**September 13th-27th: Leadership and Community Action:** Girls learn how to be an advocate for important causes in the community and practice using their leadership skills while finding their voice to impact positive change. Girls learn about their volunteer opportunity to act as peer-mentors in the GirlSPACE program.

**October 4th-25th: Peer Mentoring during GirlSPACE,** October is **'Women's History Month'**, where we will explore influential women throughout history and on October 18th, **'Persons Day'**, we will celebrate human rights.

**November: Media Literacy:** Girls will learn to critically analyze and navigate media messages while forming independent thinking strategies. By deconstructing media messages girls learn to re-define gender stereotypes and express themselves freely.

*All are welcome to walk with us in the Whitby Santa Clause Parade.*

**December 6th-20th–** Peer Mentoring during GirlSPACE,

For more information about other programs

Girls Incorporated of Durham

1- 398 Bayly Street West

Ajax, ON L1S 1P1

Tel: 905 428-8111 ext. 23

Fax: 905 428-9992

[www.girlsinc-durham.org](http://www.girlsinc-durham.org)

Participant Information

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
Birth Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Age: \_\_\_\_\_ School/ Grade: \_\_\_\_\_  
Please indicate any medical information that you would like us to be aware of. i.e. food allergies, medications, etc. \_\_\_\_\_

Main Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Alternate/Emergency Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

I have provided Girls Incorporated of Durham with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program by myself or the person who is shown as the "participant".  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Media Release

There may be occasions where pictures of your daughter will be taken. These photos will be used for newsletter, videos, brochures, annual reports, radio, television newspapers and our home website.

- I give my permission for my daughter to appear in any Girls Incorporated of Durham publications.
- I do not give permission for my daughter and or myself to appear in any Girls Incorporated of Durham publications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Names of Programs

- GIRLSPACE
- GIRLZONE
- P.A. Day Camp
- March Break Camp
- BSG Book Club
- Money Talks Family Workshop
- GIRLSTART

Membership Renewal New

Cost: \_\_\_\_\_

Member: \_\_\_\_\_ Non-Member: \_\_\_\_\_

Cash  Cheque  Subsidy

Credit Card  Type: \_\_\_\_\_

Credit Card # Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Approval \_\_\_\_\_



**Etapestry**



**TRAX**



**TM Processed**