



Girls Incorporated of Durham



## GIRLSPACE

Girls 6-12 years  
6:30pm—8:30pm  
Wednesday evenings  
Girls Inc. Office  
1—398 Bayly Street West, Ajax

A place where your opinion counts, where you can ask questions, explore and have lots of FUN!  
Come and join us for fun exciting activities.

Each week girls will have fun participating in programs that will inspire them to believe in themselves and develop new skills and abilities. They will also have the opportunity to meet with positive peer role models, all while receiving healthy and empowering messages.

It is a place where girls can explore and nurture relationships and build on the skills necessary for them to succeed.

SEPTEMBER 14 - OCTOBER 5: HEALTHY EATING & HEALTHY LIVING

CELEBRATING TURN OFF THE TV WEEK

NOVEMBER 9—NOVEMBER 30: PREPARING FOR THE SANTA CLAUSE  
PARADE AND SELF DEFENSE

CELEBRATING A DAY TO END VIOLENCE AGAINST WOMEN

**\* REGISTRATION IS REQUIRED FOR EACH 4  
WEEK SESSION AS SPACE IS LIMITED.**

GIRLSPACE

For more information about other programs and Girls Incorporated of Durham, please contact the office at:  
Girls Incorporated of Durham  
1- 398 Bayly Street West  
Ajax, ON L1S 1P1  
Tel: 905 428-8111 ext. 23 Fax: 905 428-9992

Members FREE\*

Non-members: \$30 for each 4 week session

Snacks will be provided.

# PROGRAM REGISTRATION FORM

## Participant Information

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Birth Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Age: \_\_\_\_\_ School/ Grade: \_\_\_\_\_

Health Card #: \_\_\_\_\_

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

Beacon Street Girls Book Club

P.A. Day Camp

March Break Camp

GIRLZONE

Girls Inc. Mind + Body

Girls Inc. Information Session

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

Location: \_\_\_\_\_

Date: \_\_\_\_\_

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

Paid: Cash  Cheque  Credit

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

CreditCard#

Exp: \_\_\_\_\_

Name on Card:

How did you hear about this program?

## OFFICE USE ONLY

No Charge (Member)

Receipt #: \_\_\_\_\_