



**Girls Incorporated of Durham**



## **GIRLZONE**

**Girls 13+ years**

**6:30pm—8:30pm**

**Every Wednesday evening**

**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.**

### **FEB. 3RD—FEB 24TH**

- **Media’s Influence on Youth—including a 2 part training session with the Lung Association!**

### **MARCH 3RD—31ST (PEER-MENTORING)**

- **Team Building activities and learning how to develop your self-confidence**

### **APRIL 7TH—28TH**

- **Volunteerism—what does it mean**
- **Global Day of Action**

### **MAY 5TH—26TH (PEER-MENTORING)**

- **Girls Inc. Girls Bill of Rights—exciting activities that encourage girls to embrace their rights**

Each week will incorporate one of the many components of the Girls Inc. signature programs where youth will develop leadership skills, participate in activities that will build their self-confidence and team building skills, all while becoming strong leaders in our community.

Teens will have the opportunity to act as peer-mentors to the younger girls and earn volunteer community service hours.

**Registration is required for each 4 week session**

**For more information about our 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. 22 Fax: 905 428-9992**

**Members FREE**

**Non-members: \$25 for 4 week session**

**Snacks will be provided.**

# **GIRLZONE**

# "GirlZone" Registration Form



## For Office Use Only:

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

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

Time: \_\_\_\_\_

Paid:  Cash  Cheque  No Charge

Receipt needed:  Yes  No

## Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: MM \_\_\_\_\_ DD \_\_\_\_\_ Y \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate/Emergency Contact Name: \_\_\_\_\_

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".

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian