



Ages 11 to 18 In-Person



905-428-8111ext. 223

Ogirlsincdurham

MEMBERS NON-MEMBERS

FOR

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@girlsincdurham

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Thursday's 5:30pm - 7:00pm

COME JOIN US AND CHAT ABOUT TOPICS IMPORTANT TO YOU!

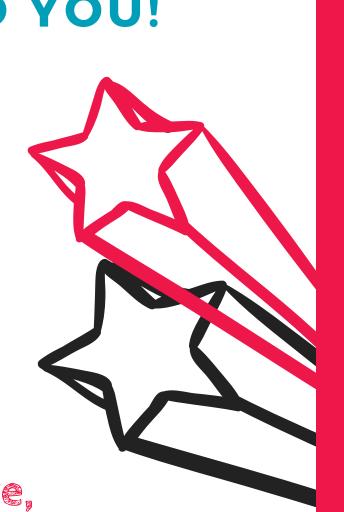
TOPICS INCLUDE:

- STRESS MANAGEMENT
- BODY IMAGE
- NUTRITION
- PHYSICAL ACTIVITY

Girls deserve a supportive, Safe environment to be themselves!

Town of By the Lake

For more info pgaull@durham.girls-inc.org



Subsidies availa

Registration Form

Child's Name:						
Birthdate:	//	(DD/MM/YYYY) Age:				
School:		Grade:				
Please indicate any medical information that you would like us to be aware of i.e. food allergies, medications, medical						

conditions etc.

Main Contact

Name:	Relationship to Child:		
Address:			
City: Postal Code: _			
Home Phone: ()	Cell Phone: ()		
Email:			
Alternative/Emergency Contact Name:	Phone:		

Program Permission

I herby grant permission for my child ______ to participate in Girls Inc. of Durham programming. I give my consent for her to participate in field trips and neighbourhood outings arranged by the staff at Girls Inc.of Durham. Parents will be notified in advance of any such trips and may be asked to provide additional support depending on the outing. I understand that my daughter may be transported by vehicle or walking, with adult supervision, in order to arrive at the destination. I recognize that Girls Inc. might reach out to my family during the year to check in i.e. phone calls, chalking etc. I understand that my medical coverage is the primary insurer for my child and will not hold Girls Incorporated of Durham responsible in case of an accident or injury.

Parent/Guardian Signature: _____ Date: _____ Date: _____

Media Release

There will be occasions where pictures or videos of your daughter will be taken to be used in media projects for the purpose of our program. These photos may also be used for public relation purposes, newsletter, brochures, annual reports, radio, television newspapers and our home website. I give my permission for my daughter to appear in any Girls Inc. of

Durham publications.

I give my permission for my daughter to appear in any Girls Incorporated of Durham publications.

_ I do not give permission for my daughter to appear in any Girls Incorporated of Durham publications

Parent/Guardian Signature: _____ Date: _____

Girls Inc. Membership Options

Single \$55 or Family \$70 Girls Inc. Members receive 20% discount off of all programs for a year Member Monthly \$25 Non-Member Rate \$40

Monthly Topics

September	Body Image		
October	Physical Activity		
November	Stress Management		
December	Nutrition		
January	Body Image		
February	Stress Management		
March	Physical Activity		
April	Body Image		
Мау	Stress Management		
June	Nutrition		



Payment Method:	Cheque	Cash	Credit Card					
#								
Expiry Date	/		CVC#					
Name on Card:								
Where did you hear about us?								

To register contact our office, email or visit our website

pgaull@durham.girls-inc.org www.girlsinc-durham.org (905) 428-8111 ext. 223

OFFICE USE ONLY: Added to Sheets