

**girls  
inc.**

of Durham



# SUMMER CAMP

**\$140** for Members | **\$175** for Non-Members

**Each Day is  
Something New**

**9:00 a.m. – 4:00 p.m.**

Before and After Care  
available for an  
additional fee

CIT Summer Camp  
Counsellors in Training  
(13-16yrs)

- ✓ Group Work
- ✓ Self-Confidence
- ✓ Independence
- ✓ Friendship

Our Summer Camps provide  
a place for youth to make  
lasting friendships and have  
fun!

## FOR GIRLS 6-12

### Allies in Action 🗣️

Build self confidence, self esteem and addresses  
topics such as bullying.

### Operation SMART 🧪

Explore science, engineering, and technology  
while making gooey experiments & figuring out  
how things work.

### Leadership & Community Action 👥

Learn how to make a difference with issues that  
are important to you.

### Mind+Body 🧘‍♀️

Taking a whole body approach to self esteem  
looking at body image, nutrition, healthy stress  
management, and physical activity.

*A girl is a young person who identifies as a girl regardless of her assigned sex at birth, or who is exploring gender identity or expression.*

To register use the QR code,  
call in, email or visit our  
website.

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



For more information contact  
Tracey McCannell  
905-428-8111 ext 222  
[tmccannell@durham.girls-inc.org](mailto:tmccannell@durham.girls-inc.org)

## 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 hereby 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: \_\_\_\_\_

### 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: \_\_\_\_\_ Before Date After Care \_\_\_\_\_

### Girls Inc. Membership Options

Single \$55 \_\_\_\_ or Family \$70 \_\_\_\_

Girls Inc. Members receive 20% discount off of all programs for a year

Member Weekly Rate \$140 Non-Member \$175

### Choose your week(s) below

Week 1: July 06<sup>th</sup> to 10<sup>th</sup>

Week 2: July 13<sup>th</sup> to 17<sup>th</sup>

Week 3: July 20<sup>th</sup> to 24<sup>th</sup>

Week 4: July 27<sup>th</sup> to July 31<sup>st</sup>

Week 5: August 04<sup>th</sup> to 07<sup>th</sup>

Week 6: August 10<sup>th</sup> to 14<sup>th</sup>

Week 7: August 17<sup>th</sup> to 21<sup>st</sup>

Week 8: August 24<sup>th</sup> to 28<sup>th</sup> (Pickering & Whitby ONLY)

Week 9: August 31<sup>st</sup> to September 04<sup>th</sup> (Pickering & Whitby ONLY)

Before Date After Care \_\_\_\_\_  
Before care is from 8:30am to 9:00am. After care is from 4:00pm to 4:30pm.

Member Rate \$45 Non Member Rate \$55

### Location:

\_\_\_\_ Pickering \_\_\_\_ Whitby \_\_\_\_ Oshawa

\_\_\_\_ Oshawa (N) \_\_\_\_ Brooklin

(Locations TBD)

Payment Method: Cheque Cash Credit Card

# \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ CVC# \_\_\_\_\_

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

To register use the QR code on the front, call in, email or visit our website.