

**girls  
inc.**

GIRLS INC OF DURHAM

A PLACE TO BE YOURSELF!

# GIRLZONE

for Girls 13-18

Wednesdays  
6:30 to 8:30 PM

WHERE TEENS BUILD SELF-CONFIDENCE,  
TEAMWORK AND HEALTHY COMMUNICATION.



Topics include:

- Stress Management
- Operation SMART (STEM)
- Economic Literacy
- Media Literacy
- Leadership

For more info

[hbuckner@durham.girls-inc.org](mailto:hbuckner@durham.girls-inc.org)

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



Check it out!

GET YOUR COMMUNITY  
INVOLVEMENT HOURS

905-428-8111



@girlsincdurham



@girlsincdurham

**COST:**

**GIRLS INC. HQ**  
**1-398 BAYLY ST. W**  
**AJAX, ON L1S 1P1**

**\$25/ MONTH FOR MEMBERS**

**\$40/ MONTH FOR NON-MEMBERS**

*Subsidies available upon request*

## Registration Form

Child's Name: \_\_\_\_\_

Birthdate: 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, 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 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. o 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

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

### Girls Inc. Membership Single \$55 Family \$70

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

**Member Weekly \$25 for 4 weeks**

**Non Member Rate \$40 for 4 weeks**

\_\_\_\_\_ **GirlSPACE**

\_\_\_\_\_ **GirlZONE**

\_\_\_\_\_ **Membership**

#### Location:

Ajax \_\_\_\_\_

**Payment Method:** Cheque Cash Credit Card #

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

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

Where did you hear about us?