

# MARCH BREAK FUN!



# girls inc.



**Come out and sample our  
Great Girls Inc. Programs**  
Each day something new and exciting!  
For girls 5 to 12 years old

## Girls Inc. Camp

1580 Kingston Rd. Pickering

123 Eric Clark Dr. Whitby

610 Taylor Ave. Oshawa

Date: March 16—March 20th 2020

Time: 9:00 am to 4:00pm

8:30am-4:30pm for an additional



### Each day something New!!

#### Allies In Action

Learn fun self defense moves, build self confidence, self esteem and addresses topics such as bullying

#### Sporting Chance

Playing new and innovative games, developing new skills while learning about healthy food choices to fuel your active LIFE.

#### Media and Me

Tackling major issues and concerns about media and the influence it has on our everyday lives, from self-esteem to what we purchase.

#### 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.

#### Cost:

**\$145.00 per week for members**

**\$170.00 for non-members**

*Subsidies available upon approval!*

#### To register Call:

**905-428-8111 ext.223**

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

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

**Inspiring all girls to be  
strong, smart, and bold™**

# 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
  - GIRLZONE
  - P.A. Day Camp
  - March Break Camp
  - BSG Book Club
  - Money Talks Family Workshop
  - GIRLSTART
- 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 #: \_\_\_\_\_

