



**girls  
inc.**

of Durham

# MARCH BREAK CAMP

**March 10-14, 2025**

Locations Pickering, Whitby, and Oshawa

**Each Day  
Something  
New**

**9:00 a.m. – 4:00 p.m.**

CIT

Counsellors in Training  
(13-16yrs)

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

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

For girls 6-12 years old

### 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.

For more information contact  
Tracey McCannell Director of Programming  
905-428-8111 ext 222  
tmccannell@durham.girls-inc.org



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

## 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 Camp 2025 program. 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. 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 Rate \$145**

**Non Member Weekly Rate \$175**

**Members: Early drop-off/late pick-up + \$45/week**

**Non Members: Early drop-off/late pick-up+\$55/week**

\_\_\_\_ March Break

Monday March 10th to

Friday March 14th, 2025

### Location:

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

**Payment Method:** Cheque Cash Credit

Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_ PVC# \_\_\_\_\_

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

inspiring all girls  
to be strong,  
smart, and bold!

