



Girlz Group Permission Form

Please have your parent/guardian sign this form and bring it with you to Girlz Group.

I _____ (parent/guardian name) consent to:
_____ (girl's name)

Participant Age: _____ Grade(circle one): 5 6 7 School: _____

To participate in the Girlz Group program at the Golden Women's Resource Centre, 419C 9th Avenue North, from 3:30pm – 5:30pm on the following days (check all that apply):

Grade 5, Wednesdays

___ January 22nd
___ January 29th
___ February 5th
___ February 12th
___ February 19th
___ February 26th
___ March 4th
___ March 11th

Grades 6 & 7, Thursdays

___ January 23rd
___ January 30th
___ February 6th
___ February 13th
___ February 20th
___ February 27th
___ March 5th
___ March 12th

I acknowledge that sensitive and "grown up" topics may be discussed and that real answers and information will be provided.

I consent OR do not consent (please circle one) to my girl being walked from Lady Grey to the Woman's Center with the Girlz Group Coordinator on the days the program runs.

*Only applicable to Lady Grey students

I consent OR do not consent (please circle one) to my girl's photo being taken and used by the Golden Women's Resource Centre or for Girlz Group promotional purposes.

Emergency Contact Name: _____

Relationship to participant: _____

Phone number: _____

Second Emergency Contact Name: _____

Relationship to participant: _____

Phone Number: _____



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A snack will be provided during Girlz Group. Please indicate any allergies or dietary considerations that we should be aware of when planning snack:

Please indicate any health or social concerns that you would like us to be aware of:

At the end of Girlz Group (please check one):

- Participant will be picked up
 Participant will walk home
 Other: _____

For questions, or to share other information or concerns, please email us at gwrclgirlz@gmail.com. If there are special considerations surrounding custody or safety, please let us know.

If you would like to receive email notifications of upcoming Girlz Group dates and activities, please provide us with your email address. You may request to stop receiving the notifications at any time.

Yes, I would like to receive Girlz Group updates: _____ (e-mail)

I agree that all information stated above is accurate and up to date to the best of my knowledge.

Signed: _____ Date: _____

Print name: _____

This program is made possible through donations and fundraising, and it is important to us that we can provide Girlz Group for free. If you are able, please consider making a donation to the Girlz Group program. We accept donations by cash, cheque and online at www.canadahelps.org/en/charities/golden-womens-resource-centre/.