

Girlz Group Permission Form

PLEASE BRING THIS FORM WITH YOU TO THE GIRLZ
GROUP ON TUESDAY, May 9th or June 6th

Participant's Name: _____

Age of Participant: _____ Grade: _____

School: _____

Parent/Guardian's Name: _____

Relationship: _____ Email: _____

Phone: _____ 2nd Phone: _____

2nd Contact Name: _____

Relationship: _____ Phone: _____

Allergy/Health Concerns: _____

Social/Behavioural Concerns: _____

Will your daughter be picked up or walking home after Girlz Group? _____

I _____ agree to let _____ participate in the Girlz Group Program facilitated by the Golden Women's Resource Centre. I have read the information letter and topics and agree that my child may take part in the activities as supervised by the Golden Women's Resource Centre staff.

Photo Opportunities

Do we have your permission for your daughter's photo to be taken and published in the local on the GWRC website or other materials? **Please circle: YES NO**

Print Name (Parent/Guardian)

Signature (Parent/Guardian)

Date