



# 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: \_\_\_\_\_

participating in the Girlz Group program at the Golden Women's Resource Centre on (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Wednesday, January 16, 2019  | <input type="checkbox"/> Wednesday, February 20, 2019 |
| <input type="checkbox"/> Wednesday, January 23, 2019  | <input type="checkbox"/> Wednesday, February 27, 2019 |
| <input type="checkbox"/> Wednesday, January 30, 2019  | <input type="checkbox"/> Wednesday, March 6, 2019     |
| <input type="checkbox"/> Wednesday, February 6, 2019  | <input type="checkbox"/> Wednesday, March 13, 2019    |
| <input type="checkbox"/> Wednesday, February 13, 2019 |   |

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's photo being taken and used by the Girlz Group program or for promotional purposes.

Emergency Contact Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Phone number: \_\_\_\_\_

Second Emergency Contact Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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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 about your girl, please email us at [gwrccgirlz@gmail.com](mailto:gwrccgirlz@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: \_\_\_\_\_