



BELLEVILLE MARCH BREAK & P.A. DAY CAMPS

FOR GIRLS IN GRADES 4 TO 8

**March Break Week - March 11 to 15, 2019
and PA Days - April 5 and May 17, 2019**

Bridge Street United Church, 60 Bridge Street, Belleville Ontario. 8:00 am to 5:00 pm daily.

Girls Inc. March Break and PA Day Camps provide girls with the opportunity to learn, play, and socialize in a pro-girl environment! Activities include building, crafts, games and more. Register now to join us this March, April and May for full days of empowering programming for girls!

*Visit our website to download and complete the registration form.
For more information and registration assistance contact:*

Lizzy Stevens, Program Coordinator
Email: lizzystevens@girlsinclimestone.ca
Cell: (613) 503-0135

STRONG SMART BOLD

WWW.GIRLSINCLIMESTONE.CA

**GIRLS INCORPORATED
OF LIMESTONE, ALGONQUIN AND
LAKESHORE**

31 Weller Avenue, Kingston, Ontario K7K 2T1
Phone: (613) 542-9202 Fax: (888) 542-9250



Girls Inc. 2019 Belleville March Break and PA Day Program

Girls Inc. March Break and PA Day Camps are for girls in grades 4 to 8. We recommend that you register as soon as possible as our camps fill up quickly. **In order to complete this form on your computer, you will need to download/open the document in [Adobe Reader](#).**

Please check off the camps/PA Days you are registering for. March Break Camp and PA Days take place at **Bridge Street United Church - 60 Bridge Street, Belleville, Ontario**. Daily activities will begin at 9:00am and end at 4pm. Participants can be dropped off as early as 8:00am and picked up any time before 5:00pm each day.

March Break Camp
March 11 to 15, 2019

PA Day
April 5, 2019

PA Day
May 17, 2019

PARTICIPANT REGISTRATION AND CONSENT FORM

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Name of Parent/Guardian completing this form: _____

Relationship to the Child: _____

Address: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Daytime Phone Number for Camp and PA Days if other than above: _____

Email Address: _____

Name of Additional Emergency Contact (not Parent/Guardian): _____

Phone Number: _____ Relationship to Child: _____

MEDICAL INFORMATION AND PERMISSION

Please list food or other allergies, physical limitations, health concerns, or any other health related information Girls Inc. staff should be aware of. Include any medication to be taken during the day or is carried by the child:

Child's Health Care Number: _____

Name of Child's Doctor: _____ Phone Number: _____

I give permission for my child named above to receive emergency treatment and/or hospitalization if necessary. I understand that every effort will be made to contact me.

Signature of Parent/Guardian

Date

TRANSPORTION TO AND FROM PROGRAM LOCATION

Parents/Guardians are responsible for getting their child/children to and from the March Break and PA Day Camp location. How will she be getting to and from Camp each day?

Please list any additional individuals who have your permission to drop off or pick up your daughter. Note that special notice **IN WRITING** is required if anyone other than yourself, or those listed below are to pick up your child.

MEDIA PERMISSION

There may be occasions where pictures or videos of Girls Inc. March Break and PA Day Camp participants will be taken for public relations purposes. These photos may be used for information sharing or public relations purposes such as for Annual Reports, brochures, marketing documents, Facebook, Twitter, or the Girls Inc. website. I understand that my daughter's surname will never be used in publication of any kind. I hereby provide my permission for my daughter to be photographed or videotaped for these purposes.

Signature of Parent/Guardian

Date

PROGRAM PARTICIPATION PERMISSION

I, _____ grant permission for _____ to participate in the Girls Inc. Summer Day Camp Program under the supervision of Girls Inc. staff members.

I release and discharge Girls Incorporated of Limestone, Algonquin and Lakeshore, its employees, volunteers, board members, and their heirs, from any claims, demands or actions arising out of any matter related to the described program. Further, I understand that Girls Inc. is not responsible for the transportation of my daughter to and from the program site.

Signature of Parent/Guardian

Date

Additional Information and Instructions:

- You can print and complete this form by hand, or type responses in (PDF) then print and sign.
- You can mail your form to the address above, fax your form to Girls Inc. at (888) 542-9250 or scan and email your form to admin@girlsinlimestone.ca.
- Through our affiliation with Girl Inc. National, Girls Inc. Limestone will be inviting all participants to complete the 2019 *Strong, Smart, and Bold Outcomes Survey* so that we can continue to improve the programs and services we provide. All girls who take part in the survey must submit a signed parental consent form in addition to the camp registration form. You can find the additional consent form attached and submit it along with this registration form.
- If you have any questions or need assistance, please contact our office at (613) 542-9202.

STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM
Youth, ages 9-12



As part of a larger initiative, Girls Inc. of Limestone, Algonquin & Lakeshore is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada, and asks girls questions about topics such as nutrition and physical activity, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, and her experience at Girls Inc.

The survey takes 20-30 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about cigarettes, alcohol or drugs. Girls will not put their names on the survey, and no one at Girls Inc. of Limestone, Algonquin & Lakeshore will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you/she decide not to take part or to stop taking the survey.

Your daughter will not be paid for taking part in the survey, and there is no cost to you.

For more information, you may contact Justine Marchand at justinemarchand@girlsinclimestone.ca or 613-561-4487.

If you would like to see the survey, a review copy is available at 31 Weller Ave, Kingston, Ontario, K7K 2T1.

Please complete the section below and return it by with your consent form.

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at crollins@girlsinc.org or [317] 634-7546 X130.

This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at adviser@advarra.com or. [877] 992-4724 (toll free).

Girl's Name: _____ Girl's Age: _____

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- Yes, my daughter may participate in the survey.
 No, my daughter may NOT participate in the survey.

Parent/Guardian name: _____ Parent/Guardian signature: _____
PRINT SIGN

Date: _____

STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM
Teen, ages 13-18



As part of a larger initiative, Girls Inc. of Limestone, Algonquin & Lakeshore is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada and asks girls questions about topics such as nutrition, mental and physical health, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, sexual activity, and her experience at Girls Inc.

The survey takes 35-40 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about alcohol, drugs or sexual behaviors. Girls will not put their names on the survey, and no one at Girls Inc. of Limestone, Algonquin & Lakeshore will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help you or your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you decide not to take part of to stop taking the survey.

There is no payment or cost for taking part in the survey.

For more information, you may contact Justine Marchand at justinemarchand@girlsinclimestone.ca or 613-561-4487.

If you would like to see the survey, a review copy is available at 31 Weller Ave, Kingston, Ontario. K7K 2T1.

Please complete the section below and return it by with your consent form.

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at crollins@girlsinc.org or [317] 634-7546 X130. This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at adviser@advarra.com or. [877] 992-4724 (toll free).

Thank you.

I have read this form and know what the survey is about.

Girl's Name: _____ Girl's Age: _____

SIGN if age 18: _____ Date: _____

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- Yes, my daughter may participate in the survey.
 No, my daughter may NOT participate in the survey.

Parent/Guardian name: _____ Parent/Guardian signature: _____
PRINT SIGN

Date: _____