



strong
smartbold

SOLAR ECLIPSE PA DAY CAMP

For Girls+ in Grades 3 to 5

Monday, April 8, 2024 - 8 am to 5 pm
Rideau Heights Community Centre - 85 McCauley Street, Kingston

For the first time in **SEVEN HUNDRED YEARS**, Kingston, Ontario is in the ***Path of Totality!***

This means that between 3:00 and 3:30 pm on camp day, the sun will be completely blocked by the moon. Campers will be learning all about it and viewing the event with solar eclipse-viewing glasses!

For more information or help filling out our form contact:

Andrea Martin
andreamartin@
girlsinclimestone.ca
Cell (613) 433-6252

Please register for this amazing day of activities by Wednesday, April 3.

girls
inc.

Girls Inc. Limestone programs are always **FREE** for participants thanks to the generosity of our community funders and partners. Learn more on our website at www.girlsinclimestone.ca.

Girls+: Girls Inc. is committed to providing the comprehensive Girls Inc. Experience to girls and gender-expansive young people who feel our pro-girl and pro-woman environment is the best fit for them.

GIRLS INC. LIMESTONE

1040 Gardiners Road, Kingston, Ontario K7P 1R7
250 Sidney Street, Belleville, Ontario K8P 3Z3
Phone Girls Ed Program Coordinator, Andrea Martin: 613-433-6252
Email: andreamartin@girlsinclimestone.ca



Girls Inc. PA Day Camp – Monday, April 8, 2024 *Girls+ in grades 3 to 5*

On April 8, 2024, from 8:00am to 5:00pm for **girls+** in grades 3 to 5 can join us for a single-day PA Day Workshop with **activities themed around the Solar Eclipse that will take place in the afternoon!** Each STEM workshop will be followed by periods of fun physical activity. **To complete this form on your computer, you will need to download and open the document in [Adobe Reader](#).**

This Group Mentoring PA Day Workshop will take place at the **Rideau Heights Community Centre, 85 MacCauley Street, Kingston**. Daily activities will begin at 9:00 am and end at 4:00 pm. Participants can be dropped off as early as 8:00 am and picked up any time before 5:00 pm.

PARTICIPANT REGISTRATION AND CONSENT FORM

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian: _____ Relationship to the Child: _____

Address: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

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

Phone Number: _____ Relationship to Child: _____

OPTIONAL INFORMATION. The following information helps us provide the best services to our community:

What is your child's racial identity? _____

Does your child have a disability? Yes No

What is your child's Gender Identity? Girl Two Spirit Non-Binary Questioning Other

MEDICAL INFORMATION AND PERMISSION

Please list 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 _____

TRANSPORTATION

Parents/Guardians are responsible for getting their child/children to and from the program location. How will they be getting to and from the workshop each day?

Please list any additional individuals who have your permission to drop off or pick up your child. 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. 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 child's surname will never be used in publication of any kind. I hereby provide my permission for my child to be photographed or videotaped for these purposes.

Signature of Parent/Guardian

Date

PROGRAM PARTICIPATION PERMISSION

I, _____ grant permission for _____ to participate in the above detailed Girls Inc. 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 child 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 (613) 547-9091 or scan and email your form to andreamartin@girlsinclimestone.ca
- If you have any questions or need assistance, please contact Andrea Martin at (613) 433-6252