



**We are now accepting registrations from girls+ 14 to 18 for our 2024 Teen Advocacy Council!**

TAC members meet twice per month and are paid for their time. Together, they build leadership skills, learn about advocacy, provide vital input to agency leadership, and take on a group-led advocacy project important to them.

Sessions will take place at St. Theresa Catholic Secondary School starting in January. The full schedule will be provided when you register.

For more information contact:  
Andrea Martin, Coordinator  
andreamartin@  
girlsinclimestone.ca  
Cell (613) 433-6252

***Spaces are limited  
so sign up today!***

**girls  
inc.**

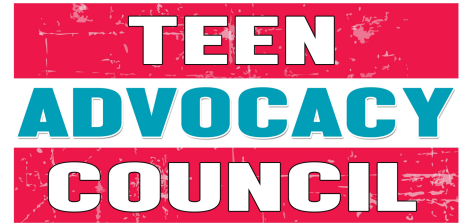
Girls Inc. Limestone programs are always **FREE** for participants thanks to the generosity of our community funders and partners.

Girls+ and Women+: We welcome all self-identified girls and women regardless of their assigned sex at birth. This includes those exploring their gender identity or expression and those who identify as 2SLGBTQ+.

[www.girlsinclimestone.ca](http://www.girlsinclimestone.ca)



**GIRLS INCORPORATED  
OF LIMESTONE, ALGONQUIN AND LAKESHORE**  
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Web: www.girlsinclimestone.ca



## H&PE TEEN ADVOCACY COUNCIL CONSENT FORM

Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Please provide the details of any medical or other issues that may affect your child's ability to participate in the program (if none, please write in NONE):

### PROGRAM PERMISSION:

I \_\_\_\_\_ grant permission for \_\_\_\_\_ to participate in the Girls Inc. Program named above, 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 my daughter's participation in this program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### MEDIA PERMISSION

I understand that there may be occasions where pictures or videos will be taken during the program delivery. I hereby give my permission for images of my child to be utilized for the promotion of Girls Inc. such as social media, the Girls Inc. website, or for program funders. I understand that my child's surname will never be used in connection to any image or video in which my child appears. *(No signature below indicates non-consent. In this case we will not include your child in individual or group images.)*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date