

GIRLS TAKING ACTION AGAINST VIOLENCE PROGRAM

K3C Community Counselling Centres, Kingston Interval House, Girls Inc. Limestone
c/o Kingston Interval House
PO Box 21042, Kingston, Ontario K7L 5P5
Phone: (613) 542-8115 x2 Fax: (613) 544-2895
Email: mich1@kingston.net Web: www.kingstonintervalhouse.com

PARTICIPANT CONSENT FORM

Name: _____ Date of Birth: _____

Address: _____

Postal Code: _____ Phone Number: _____

Name of Parent/Guardian(s): _____

Cell Phone Number: _____ Work Number: _____

Grade: _____ School: _____

PREFERRED STARTING DATE (program will run weekly for 12 consecutive weeks):

January 12, 2012 April 4, 2012

Snacks will be provided. Please detail any participant food restrictions or allergies: (if none, please write in NONE):

Please provide details of any medical or other issues that program staff should be aware of:

PROGRAM DESCRIPTION:

Participants will take part in a variety of group and project activities that will educate them on violence issues and will enhance their leadership skills. Staff members of the partnership agencies will be present and will supervise activities at all times.

PROGRAM AND MEDIA PERMISSION:

I _____ grant permission for _____ to participate in the above-described program under the supervision of K3C Community Counselling Centres, Kingston Interval House, and Girls Inc. Limestone, and I release and discharge the above agencies, their employees, volunteers, Board Members, and their heirs, from any claims, demands or actions arising out of any matter related to the described program.

In addition, I give permission for the above participant's photograph to appear in publications and understand that there may be occasions where pictures or videos may be taken. These photos or videos will be used for public relation purposes only. I understand that the above participant's surname will never be used in publication of any kind.

