



## To our amazing and beautiful participants,

We hope you are as excited as we are to see each other at iGirl! Just to get you psyched for some stuff we are going to do, here's a sample of daily events:

- ✿ The chance to meet other awesome girls like yourself
- ✿ Wild team-building games
- ✿ Straight talk about topics that affect us as girls
- ✿ Designing your very own amazing iGirl button
- ✿ Hilarious skits about meaningful topics
- ✿ Outside activities
- ✿ Sour gummy keys galore

To be prepared for all of these sweet activities, here's what you need to bring each day:

- ✿ Comfy clothes and shoes (so you can move around easily)
- ✿ Water bottle
- ✿ Peanut-free lunch
- ✿ Sunscreen and raingear (if applicable)
- ✿ Lots of energy, a positive attitude and your amazing, unique self!

We'll go from 10am-3pm each day unless otherwise specified. Attached are some very important forms we need you to pass on to your parents/guardians to sign and send back to us one week before the start of iGirl. Looking forward to seeing you soon!

Sincerely,  
Saleema and her team of fearless leaders

P.S. If you or your parents/guardians have any questions, please call us at 604-418-9417.

*Smart decisions start here.*

t 604.418.9417  
e [saleema@saleemanoon.com](mailto:saleema@saleemanoon.com)  
w [www.saleemanoon.com](http://www.saleemanoon.com)





## Registration Form

**Form and payment must be received one week prior to session. Please mail to:  
Saleema Noon, 4942 Pine Crescent, Vancouver, BC V6M 3P6  
Phone: 604-418-9417**

Session chosen (Date and Location) \_\_\_\_\_

Child's surname

Child's first name

Child's Age

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (Month, Day, Year)

Parent's or guardian's surname

Parent's or guardian's first name

Email

Address (street, suite number, post office box, etc.)

Municipality and postal code

Home phone

Daytime phone

Cell Phone

Emergency contact and phone number (in the event we are unable to reach the registering parent) and the contact's relationship to the child (e.g., aunt, neighbour).

Please describe any medical conditions or dietary restrictions (allergies, medication etc.) of which we should be aware. We will require separate, written authorization from you to supervise medication.

Family Doctor

Phone Number

**Fee enclosed Make cheque payable to Saleema Noon (no postdated cheques please):**

*I hereby authorize my child to participate in the iGirl program led by Saleema Noon and her facilitators, as described on [www.saleemanoon.com](http://www.saleemanoon.com).*

X \_\_\_\_\_  
Parent's or Guardian's Signature

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## Terms and Conditions

- I understand that, unless I give notification for cancellation one week prior to the session, I forego the right to a cash refund. Partial refunds will not be given to participants completing only a portion of iGirl Empowerment Workshop.
- I am aware of the expectation for participants to respect the emotional and physical safety of other children. Parent/Guardians will be informed if their child's behavior does not reflect this standard. Any child who puts the safety of other children at risk may be asked to withdraw from the workshop without refund.
- If there are any other arrangements for picking up my child, I must notify Saleema Noon either by verbal or written consent. In the event that a child is left in our care past 3:30 p.m., a fee will be charged for this service.
- I agree to hold harmless Saleema Noon and her team from any liability resulting from the participation of the named minor in iGirl Empowerment Workshop.
- I give permission for any emergency medical treatment.

I have read and agree to the iGirl Terms and Conditions.

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

\_\_\_\_\_  
Date

In the event that photographs are taken, I agree for my daughter's picture to be used for media and marketing purposes (i.e. brochures, newspaper articles etc.)

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

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