

Journal Friends

Brought to you by the Peace River Municipal Library
&
the Peace River Regional Women's Shelter.



Sessions start at 4:00pm and end by 6:00pm. FOR AGES 10-16

Sessions are intended for those interested in Art Journaling.

All participants will receive a FREE art journal.

Light healthy snacks will be provided.

Session 1— April 19, 2017

Who Am I?

× Come use symbolism and a variety of other art mediums to project your inner and outer self.

Session 2— April 26, 2017

Take A Look Around

× An exploration of femininity and masculinity and how this relates to whom you have, keep and choose not to have as friends.

Session 3— May 3, 2017

The Golden Rule

× Treat others the way you want to be treated. Let's talk about helpful skills and tools to have when it comes to friends.

Session 4— May 10, 2017

What Is A Friend?

× What does the foundation of a true & healthy friendship look like?

Session 5— May 17, 2017

Keeping Old Friends and Making New Ones

× Life is ever changing and how does this impacts your circle of friends.

Session 6— May 24, 2017

Friends All Around & Goodbye Party!

× Learn about the different levels of friendships and the part our community plays in it all.

Sessions will include a mini Art Journaling lesson, plenty of time to be creative, and an open conversation about the session topic.

All participants must complete a



waiver and parental/guardian consent form as well as a medical questionnaire (p. 2, 3 and 4).

A separate waiver must be filled out for each registrant.

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Participant's Name: _____ Age as of _____:

Parent/ Guardian Name: _____ Contact Number: _____

I, the undersigned, hereby waive any and all rights and release from the claims of liability howsoever caused including claims based on negligence, the Peace River Municipal Library, Peace River Regional Women's Shelter, their agents, volunteers or employees in relation to any acts of omission or permitted to by said Peace River Municipal Library, Peace River Regional Women's Shelter, their agents, volunteers or employees arising from damages and/or injury whatsoever by:

_____ while attending Journal Friends sessional programming.

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Participant Name

Signature of Parent/ Guardian

Date _____

Photographic Consent (optional)

I, the undersigned, parent/guardian of the participant do hereby give my consent to allow photographs to be taken while participating in the above-mentioned program for the purpose of the Peace River Municipal Library & Peace River Regional Women's shelter, publicity, including website and documentation.

Signature of Parent/Guardian

Date

Please return pages 2, 3 and 4 to the Peace River Municipal Library or fax it to the Peace River Regional Women's Shelter at 780-624-1469.

Registration may also be provided in person on day of the first session.



HEALTH/MEDICAL INFORMATION

write below or attach a separate page if more space is needed-

Participant's Name:**Known Conditions:**

Does the participant have any medical, physical or other challenges that we should know about? Please check all that apply:

- Recent illness or injury
- Recent hospitalization or surgery
- Recent contact with any communicable disease
- Physical disabilities or limitations
- Eye, ear or throat problems
- Asthma
- Diabetes
- Serious fears
- ADD, ADHD or other behavioral condition
- Learning conditions
- Other conditions that may affect participation in the activity

Provide additional details here:**Allergies**

Does the child have any allergies (e.g. specific drugs, certain foods, insect bites or stings or other)

Specify: _____

Carries? Inhaler: Yes No

EpiPen: Yes No

Knows how to use? Inhaler: Yes No

EpiPen: Yes No

Emergency Contact other than parent/guardian:

Name: _____ Relationship: _____

Phone: _____

Parent/Guardian:

Name (Print)

Signature

Date



Peace River Regional Women's Shelter Society

P.O. Box 7738 Peace River, Alberta T8S 1T3
24 Hour Phone: (780) 624-3466 Fax: (780) 624-1469
E-Mail: syuill@prws.com
Website: www.prrws.com

Photo Release Form for Journal Friends

I _____ consent to my child _____'s photo being taken while participating in the Journal Friends Workshop. I understand that these photos are not to be used by the shelter in any promotional material but only for the purpose to show funders the success of programming provided by the Peace River Regional Women's Shelter.

If you consent, please check the box below labeled CONSENT.

If you do not consent to your child's photo being taken please check the box below labeled DO NOT CONSENT. If you do not consent, your child's photo will not be taken or used by the Peace River Regional Women's Shelter.

CONSENT

DO NOT CONSENT

Parent/Guardian's signature: _____

Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____