



Keeping Girls Safe and Strong!

February 2009

Dear Parent/Guardian,

Your daughter has the opportunity to participate in **Girls' LEAP (Lifetime Empowerment and Awareness Program)** offered through BCYF: Orchard Gardens Community Center, this spring. Girls' LEAP is a self-defense training and safety awareness program. **This program is for girls ages 8-11.** We are excited to welcome your daughter to Girls' LEAP!

What does Girls' LEAP teach?

- Girls' LEAP's curriculum couples physical self-defense skills with life skills that help girls become aware of situations that are unsafe and how to handle them. Some of the activities include group discussions on safety, sexual harassment, bullying and saying no in difficult situations.
- Girls' LEAP Promise: At Girls' LEAP, we take self-defense very seriously. I'm including a copy of the Girls' LEAP Promise, something we will go over in our program. If you have any questions regarding the Girls' LEAP promise, please feel free to contact me.

Who teaches Girls' LEAP?

Girls' LEAP is taught by an all female teaching team, with extensive training. We take the utmost care in ensuring the safety of the participants.

Dates/Times:

Thursdays, 4:00-5:30

2/25, 3/4, 3/11, 3/18, 3/25, 4/1, 4/8, 4/15, 4/29, 5/6, 5/13, 5/20 (no program 4/22)

Graduation

Graduation is a time for family and friends to come see what the girls have accomplished during the program. **The Graduation will be held on 5/20-** More details to come!

Evaluation:

One way Girls' LEAP evaluates our curriculum is through surveying participants. The survey will ask questions about how the girls view their experience in the Girls' LEAP program. It will be administered at the beginning and end of the program and the information provided will be used to make the Girls' LEAP program more effective for future girls. All information will be kept strictly confidential and her full name will not be used in any publications of LEAP Self-Defense, Inc.

Next Steps

To sign your daughter up: Please fill out the three (3) attached forms, and return to Camille Perry at Orchard Gardens or Tracey Westgate at the Girls' LEAP office.

Have questions?

Please feel free to contact me at 617-787-2112 or tracey@girlsleap.org.

Sincerely,

Tracey Westgate
Program Director



Girls' LEAP Promise

- I promise the skills I learn will be used only if I am in serious danger and have no other options.
- I promise that I will not use these skills in anger, to harm someone, or to hold power over anyone.
- I promise that if I make a mistake and use these skills when I should not, that I will tell a trusted adult.
- By making this promise I give my solemn vow to the Girls' LEAP staff that I will honor these promises



Safety

Self-defense



**Girls' LEAP is coming to
BCYF: Orchard Gardens
Community Center!**

Proposed Dates:

**2/25, 3/4, 3/11, 3/18, 3/25, 4/1, 4/8,
4/15, 4/29, 5/6, 5/13, 5/20**

Ages:

For girls ages 8-11

Times:

Thursdays, 4:00-5:30

Location:

Orchard Gardens gymnasium

To register:

Fill out attached forms and return to
Camille Perry at Orchard Gardens
or
Tracey Westgate at Girls' LEAP

What to wear:

Please wear clothes comfortable to move around in.
Skirts, flip-flops or shoes without backs
are NOT recommended.



Courage

**Girls'
LEAP**



LIFETIME EMPOWERMENT & AWARENESS PROGRAM

PROGRAM REGISTRATION, 2010

Dear Parent/Guardian,

Thank you for registering your daughter for Girls' LEAP! The following forms should be filled out by you, the legal guardian. The information is useful for Girls' LEAP as we plan for the program in which your daughter will be participating. The information is for internal use only. Your information will not be shared with a third party. Questions about cell phone/carrier and emails will be used by Girls' LEAP to keep in touch with you about future programming options for your daughter. Demographic information is used for reporting numbers of girls served.

There are 3 pages to this form. *Please contact the Girls' LEAP office with any questions.*

Thank you!

-The Girls' LEAP Staff

Program Information

Name of school or community center: _____

Season: (circle one) Winter/Spring Summer Fall

Participant (Girl) Information

First name: _____ Last name: _____

Address: _____ Apt. #: _____

City: _____ Zip: _____

Email: _____

Personal cell: _____ Okay to text message? Yes No

Phone Service Provider: AT&T Verizon T-mobile Sprint

Virgin Mobile Nextel Other (specify)

Participant ethnicity is: (Optional- for reporting purposes only. Please check only one)

African American/Black Asian/Pacific Islander Caucasian/White

Latina Native American

Bi/Multi-racial: _____ (write-in)

Other: _____ (write-in)

Home Language (*optional*) : English Spanish Other _____(write-in)

School: _____ Grade: _____ Birthday (M/D/Y): ____/____/____

**If it is the summer, please write the grade and school to be attended in the upcoming fall.*

Has she ever taken a Girls' LEAP program before? YES or NO

If yes, which one: _____

Please list any medical concerns, allergies, injuries: (i.e. asthma, food allergies, injuries, etc.)

Please list any physical limitations that we should know about:

Parent/Guardian Information

First name: _____ Last name: _____

Address: _____ Apt. #: _____

City: _____ Zip: _____

Primary Phone: _____ Type (Please circle): cell home work

Secondary Phone: _____ Type (Please circle): cell home work

Okay to text message? Yes No

Phone Service Provider: AT&T Verizon T-mobile Sprint
 Virgin Mobile Nextel _____ Other (specify)

Email: _____

Emergency Contact Information

Besides the parent/guardian listed above, who should LEAP contact in case of an emergency?

Name: _____

Phone: _____

Phone Service Provider: AT&T Verizon T-mobile Sprint
 Virgin Mobile Nextel _____ Other (specify)

Relationship: _____



LIFETIME EMPOWERMENT & AWARENESS PROGRAM

MINOR RELEASE FORM

Participant's Name: (first and last) _____

Parent/Guardian Name: (first and last) _____

I, the undersigned, hereby acknowledge to LEAP Self-Defense and its instructor(s) that I am aware of the physical nature and possible risks of injury incident in taking this workshop, which involves various self-defense techniques. _____ (**NAME of participant**) is sufficiently physical fit to participate in the physical exercises involved in this workshop. I also realize that the physical self-defense techniques taught in this workshop cannot be successfully employed in every situation and that proficiency in these skills can only be achieved through continued practice, the exercise of good judgment, and personal natural ability. I hereby release LEAP Self-Defense and its instructor(s) and agree to hold them harmless from any liability for injury that may be incurred as a result of this workshop or of the use of the strategies taught therein.

I have read the above waver and release, understand that I, as parent/legal guardian relinquish substantial rights by signing it, and sign it voluntarily.

Signature _____ Date _____

I also agree to have _____ (name of participant) participate in an evaluation of the Girls' LEAP program, which involves 1) filling out a questionnaire pre programming as well as 2) participation in a short post program survey as part of this evaluation. Your daughter's privacy and identity will be protected.

Signature _____ Date _____

I agree to have _____ (name of participant) photographed/videoed by LEAP staff or collaborators, including the Massachusetts Promise Fellows serving with LEAP. Photographs, videos and participants writings/artwork from program will be used to document the program activities. In addition, LEAP &/or its collaborators may use photographs, videos and participant's written materials/artwork from the program in promotional materials including the LEAP &/or Mass Promise Fellowship webpage.

Signature _____ Date _____