



## **FALL YOGA AT DES FOR K - 2<sup>ND</sup> GRADE**

**Whole Kids Yoga is excited to be back this Fall and is looking for new and returning yogis!**

This class will be fun and inspirational - full of playfulness, freedom and imagination. We will combine simple yoga poses with music, stories, games and relaxation. Your child will exercise motor, sensory and social skills while increasing self-confidence in a creative, non-competitive environment.

**Thursdays 4:00-5:00pm  
September 19<sup>th</sup> - October 24<sup>th</sup> (no class 10/17)  
Cost: \$80 for 5 weeks**

**Please complete the registration/waiver form on the back of this flyer and return it to school by.**

**Make Checks Payable to Davidsonville Elementary PTO  
SPACE IS LIMITED**

**Contact: [amy@wholekidsyoga.com](mailto:amy@wholekidsyoga.com) or (917) 601-3431 with questions.  
More details about the class will be emailed once all registrations are received.**

**[www.wholekidsyoga.com](http://www.wholekidsyoga.com)**

## Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Student's Birth Date \_\_\_/\_\_\_/\_\_\_\_\_ Grade \_\_\_\_\_

Please list any medical conditions, injuries or allergies

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## Student Waiver and Release Agreement

I hereby acknowledge that I have been advised to consult with my physician with respect to any past or present injury, illness, health problem, or any other condition or medication that may affect my child's participation in the Whole Kids Yoga program.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Amy Starkey.

I am the parent and/or guardian of \_\_\_\_\_

Name of Child for whom I am registering.

I have read this release and permission and fully understand its contents, and I have the full right and authority to execute this release and permission.

\_\_\_\_\_

Signature of parent or guardian

Date