

YOGA PARENT/GUARDIAN PERMISSION AND STUDENT INFORMATION 2018-2019

_____ I give my child permission to participate in the Yoga Club at MVMS.
(check here)

_____	_____	_____
Student's Name	Grade	Team
_____	_____	_____
Parent/Guardian's Name (Please print)	Signature	Date
_____	_____	_____
Home Address	City	Zip
_____	_____	_____
Home Phone	Work Phone	Cell Phone

EMERGENCY INFORMATION

In case of emergency please contact:

_____	_____	_____
Name	Relationship	Phone

Is your child affected by any of the following:

- | | |
|--|--------------------|
| * Heart problems of any type? Yes No | * Glaucoma? Yes No |
| * High Blood Pressure? Yes No | * Diabetes? Yes No |
| * Arthritis or another bone or joint problem? Yes No | |
| * Any other disease or health condition not listed above? Yes No | |

If yes, please describe: _____

List any Allergies: _____

The information I have provided above is complete and accurate. Yes No

STUDENT RELEASE (PICK UP)

As parent/guardian, I understand that the Yoga Club will begin immediately after school and will end by 4:45 p.m. on Tuesday (for students in grades 5 and 6) and Thursday (for students in grades 7 and 8)

_____ I will pick up my child at 4:45 each Tuesday/Thursday for the duration of the program

_____ My child will go to the library media center each Tuesday/Thursday until 5:00. I will pick up my child from MVMS at 5:00.

_____ My child will go to the library media center each Tuesday/Thursday until 5:00. My child will take the late bus home. I understand that my child must sign up each Tuesday/Thursday for the late bus by 1:00.

_____	_____
Parent/Guardian Signature	Date