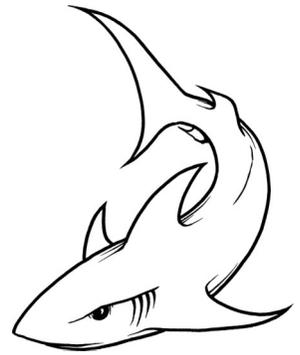


**R&B YOGA Classes “Sharks”**  
**At Rochester Elementary School**

**\$45 Fee for each student**

**Sept 28, 2016 to Nov 23, 2016**  
**In the Library**

**Wednesdays After School from 3pm to 4pm**



rbyoga

**Each Student will receive an Sharks Yoga wristband when they register and a certificate of participation after completion.**

## R&B Yoga Registration Form Rochester

**Email raynaunity@gmail.com to confirm your child is going to attend and please send the complete registration form with your child to the first yoga class with a check payable to R&B Yoga. No cash please.**

Phone Rayna at 778-873-8473 if you have any questions.

Payment was received for child name \_\_\_\_\_ Total \$40 Yes/No Check# \_\_\_\_\_



### Student Information and Waiver:

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

Allergies or Health Concerns yes \_\_\_ no \_\_\_ details : \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cel # \_\_\_\_\_

Names of people I authorize to pick up my child from yoga:

#1 \_\_\_\_\_ Phone# \_\_\_\_\_

#2 \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact #1 Name \_\_\_\_\_ phone # \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ phone # \_\_\_\_\_

I, (parent full printed name) \_\_\_\_\_ am aware that I alone am responsible for the decision to decide whether or not my child should practice yoga and I authorize my child (child full name) \_\_\_\_\_ to participate in this program. I understand that Yoga includes physical movements that could result in physical injury. As in any case with physical activity the risk is always present and cannot be entirely eliminated and I hereby agree to irrevocably release and waive any claims that may come against R&B Yoga or the Yoga Teacher.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_