



lara bontempo, ryt

interdisciplinary yoga teacher

goodtimesyoga@yahoo.com 410.268.9546

www.goodtimesyoga.com

Registration Form: Yoga After School

1st - 3rd grade students: MONDAYS 3:30:4:15

4th & 5th grade students: MONDAYS 4:30-5:15

SESSION 1: APRIL 7, 14, 21 & 28 • SESSION 2: MAY 5, 12, 19, & JUNE 2

Student Name _____

Grade _____ Teacher _____

session 1 _____ session 2 _____

Parent/Guardian Name _____

Address _____

Parent/Guardian Phone (H) _____ (W) _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

Parent or Guardian signature _____

Where will your child be dismissed to? (Please check one)

Access ___ Kids Club ___ Picked-Up ___ Other _____

I would like to be a Yoga chaperone/assistant Yes ___ No ___

Please circle which session dates you can assist:

APRIL 7, 14, 21, 28 MAY 5, 12, 19, & JUNE 2

Peace & Good Health -

A handwritten signature in black ink that reads 'Lara' in a cursive, flowing script.

Teachers: Please return this form to the PTA President Mailbox

WAIVER FORM:

I have been advised by Lara Bontempo, RYT/Good Times Yoga of the medical and physical risks associated with this program. I have been specifically advised of the necessity of a physical examination for persons whose age, weight, or physical condition makes injury a greater risk factor. I hereby waive and release Lara Bontempo, RYT/Good Times Yoga, from any costs, liability, or claims or expenses, including lawyer fees and court costs, arising from my participation in the exercise program.

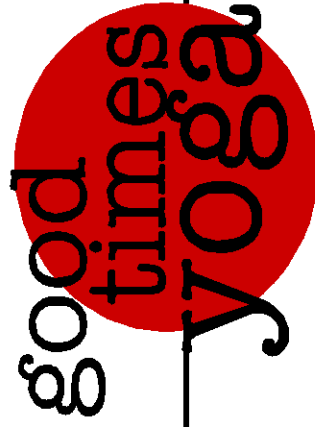
By signing, I agree that I will be participating at my own risk and will not hold Lara Bontempo, RYT/Good Times Yoga or Germantown Elementary School PTA, Inc. responsible for any illness or injuries I may receive.

I have read and understood the conditions of the exercise waiver form.

guardian signature: _____

print name: _____ print name of student: _____

date: _____



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