

Teasley Elementary ASP Programming
Melissa Hunter – Co-Director: melissa.hunter@cobbk12.org
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Atlanta Kids Yoga Teasley After School Program on Mondays
September 9, 2013- December 13, 2013 (No class 10/7 10/21 & 11/25)



Registration: \$75 for 11 weeks through ASP ** DUE AUG 27
Yoga Mats available for purchase: \$13, total fee is \$88 with mat



This is an ASP registered program your child must be enrolled for Mondays and remain after school until class.

Please Print

Grade Level Class Time: K-1 Mondays 3:30-4:15PM 2-5 Mondays 4:15-5:00PM (Circle age group)

Parent/Guardian Full Name: _____

Child's Full Name: _____ Boy/Girl: _____

Birthday: _____ Age: _____ Grade: _____ Teacher: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____

Doctor's Name: _____ Doctor's Contact Phone: _____

Known Allergies/Physical Limitations and/or medications taken:

Refunds and Make-up Classes: Prorated refunds will be given if cancellation is made in before the commencement of the first class begins 9/9/13. I understand and agree that I will not receive any refund or class credit for missed classes. There are no available make up classes in the series in my child is currently enrolled. All class series are non-refundable and non-transferable. Atlanta Kids Yoga and/or Teasley Elementary reserve the right to dismiss any child from the program as warranted by misconduct.

Parent/Guardian Signature: _____ **Date:** _____

PAYMENT INFORMATION: Cash, Checks, or MO accepted made out to: Sheila Cooper due 8/27

Once registered all further communication will take place via Sheila@atlantakidsyoga.com 404-433-2333

Release from Liability and Negligence

I individually and also as parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Atlanta Kids Yoga, yoga instructor, and Teasley Elementary the following release from liability and negligence

Liability Release: I hereby assume all risk of accident, harm or injury to the child which may arise from participation in the Atlanta Kids Yoga after school program and therefore indemnify, defend, release and hold harmless forever and discharge Sheila Cooper, Atlanta Kids Yoga, yoga instructor, Cobb County Schools, Teasley Elementary, contractors, agents and other personnel for liability, claims, demands, costs and actions that may result from participation in the class series. In addition, I hereby give my permission and authorization for emergency or routine medical treatment in the event I can not be reached in a timely manor. Furthermore, I understand that pictures obtained during class sessions may be used for Atlanta Kids Yoga, and Teasley Elementary School for marketing and advertising.

Parent/Guardian Signature: _____ Date: _____

Payment & Registration are made online with ASP activity provider or checks are made payable to Sheila Cooper & turned into the front office attn. Wendie Henderson/ ASP ENRICHMENT
Refund policy: After 2nd session of programming, there are no refunds- all refunds and questions after start of programming are directed to Sheila Cooper not PTA or ASP