

Class size limited to 10!  
Sign up now!



A fun and healthy yoga class for kids!  
Now enrolling at Kinderhouse Montessori!



Kids that do yoga:  
-develop strength  
-sleep better  
-improve focus  
-cultivate self-esteem  
-learn to self-soothe

- ❖ **Ages: 3 and up**
- ❖ **Time:** Thursdays at **2:15-3:00pm**  
**Dates:** Summer Session 2: July 29, Aug 5, 12, 19
- ❖ **Cost:** \$50, payable on or before July 29. Checks are payable to YogaKids of San Diego or pay online: [www.sdyogakids.com/kinderhouse](http://www.sdyogakids.com/kinderhouse)

**Typical Class Format:**

- ❖ **Yoga Circle Time-** yoga poses with creative movement, stretching, and breathing
- ❖ **Quiet Relaxation & Art Activity**
- ❖ **Fun Props Used:** stuffed animals, flash cards, balloons, balls, shakers, silk flowers, marbles, music, storybooks, and more!

Questions? Contact Carolyn Clarke, Certified YogaKids Teacher:  
858-752-2950, [Carolyn@suntomoonyoga.com](mailto:Carolyn@suntomoonyoga.com), or visit [sdyogakids.com](http://sdyogakids.com)

**To register :** Complete and mail below form along with check payable to YogaKids of San Diego to:  
Carolyn Clarke, YogaKids of San Diego, 4330 Campus Ave #2, San Diego, CA 92103

In exchange for permission for me and/or for my child to participate in the YogaKids Program and classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child. I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless the Certified YogaKids Facilitator and Dancing Feet Yoga Center, Inc., d/b/a/ YogaKids International, its officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties ") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in the YogaKids Program or classes. I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the YogaKids program and classes. In the event that I and/or my child becomes ill or injured during or as a result of participation in the YogaKids Program or classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and/or the life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age & Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Classroom (please circle): Sequoia Palm Cedar Bamboo Spruce \_\_\_\_\_

After Class my child:  Is Picked-Up  Goes to Aftercare- Teacher's Name \*\* \_\_\_\_\_

Allergies, special-needs, health issues (if any): \_\_\_\_\_