

# my Yoga World

## Awesome Kids Yoga

with Michelle

*“What I like about Yoga is how I can concentrate better,  
and get better grades...”* 4<sup>th</sup> grader

*“Yoga makes me feel happy...I love Miss Michelle’s Class!”* 1<sup>st</sup> grader

Mar. 3-Apr. 21 🌀 1:05-2:05 🌀 7 classes -- \$105.00

Certified and Licensed Yoga Teacher, Michelle Frandsen, believes Yoga helps children learn faster, and easier, because they are less stressed, more balanced, and FOCUSED. Her teaching style is relaxed and playful with lots of spontaneity and fun. Her classes are uplifting and rewarding, and are designed for all ages and abilities. Core values are taught while the kids roar like lions, jump like frogs, breathe like volcanoes, sit still as rocks, and hiss like snakes.



*yoga makes the world a better place!*

# Yoga World

**March 3-April 21 7 classes -- \$105.00**

[www.myogaworld.net](http://www.myogaworld.net)

3329 Yonge Street, San Diego, CA 92106  
(619) 223-3611 michelle@myogaworld.net

## LJE PTO, Inc. Medical Release Form and Waiver

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_ Plan #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_  
(include medicine, food, bee stings, etc.)

Current Medications: \_\_\_\_\_  
(or any related information that would assist in safe treatment)

**Medical Release:** I hereby permit my child to participate in LJE PTO, Inc. sports programs. I understand and fully accept that there are risks involved in sports, and that accidents and injuries are common and are ordinary occurrences of sports. I hereby release and hold harmless LJE PTO, Inc. and all its board members, La Jolla Elementary School, San Diego Unified School District, outside vendors, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees, vendors or volunteers in connection with my child's participation.

In case of a medical emergency, I hereby give permission to LJE Staff and Volunteers to order treatment for my child. This includes any necessary medical treatment and x-rays. Of course, I understand that an attempt will be made to reach me by phone upon injury and when a diagnosis is completed. I also understand that all related medical costs are my responsibility.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date