



Grade 2 Yoga Club

Dear Grade 2 Students:

Mrs. Keen, mom of Julia in 2nd grade, is hosting a Yoga Club just for you. It'll run for 5 weeks on Wednesdays from 3:15-4:15p.m. The cost of Yoga Club is \$25.00. The class size is limited to 10 students.

Classes will occur on: Oct. 26th, Nov. 2, 9, 16, (none on the 23rd) and 30

Bring a water bottle and wear your gym uniform.

Dismissal from Maple Ave. Atrium.

Make checks payable to St. Michael School.

Class size limited to 10 students.

All students who participate need to have the Athletic Form completed and signed by a parent. If your physician has included a statement that your child is cleared for all sports on his/her UPDATED annual physical form, please attach that. There is **no need to have your physician sign the Athletic Form if you attach the physical form with statement. However, parents MUST sign the Athletic Form. See attached.**

SELECT ONE

- I completed an Athletic Health Form and it is on file at the school.
- I have attached a completed Athletic Health Form.
- I have submitted a current physician exam and it is on file at the school.

The above named child is in good health and is eligible to participate in the above named activity.

I have enclosed a check in the amount of \$_____

Parent's Signature _____

Student Name _____ Homeroom 2A or 2B

____ I have enclosed a check for \$25.00 made payable to St. Michael School.

Return this form and payment to the office.

St. Michael School
YOGA REGISTRATION FORM

Student First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Student Cell Phone _____

Phone _____ Date of Birth _____ Age _____ Grade _____

Health Insurance Provider _____ Policy # _____

Subscriber _____ Carrier _____

Physician's Name _____

Address _____ Phone _____

Dentist's Name _____

Address _____ Phone _____

Optometrist's Name _____

Address _____ Phone _____

Mother's Name _____ Email: _____

Home Address _____ Home Phone _____

Cell Phone _____ Beeper _____ Work Phone _____

Company Name/Address _____

Father's Name _____ Email: _____

Home Address _____ Home Phone _____

Cell Phone _____ Beeper _____ Work Phone _____

Company Name/Address _____

Emergency Contacts (this must be filled out)

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____ Beeper _____

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____ Beeper _____

Are there any special accommodations/allergies/concerns that you feel we should know about?

I give my son or daughter, whose name is stated above, permission participate in the St. Michael School Clubs/Activities. I further agree to indemnify and hold harmless the Roman Catholic Archdiocese of Boston (a corporation sole), St. Michael's School, parish, its priests, parishes, employees, agents, coaches and volunteers, against any and all liability, costs, claims lost or damage which may result from any accident or injury. I also hereby fully authorize any other volunteer to seek for the youth named above any medical treatment if such attention is necessary or reasonable in the event an injury, accident or an illness manifests itself. I understand that reasonable efforts will be made to contact me before enacting this document. I give St. Michael School permission to publish my name/photo in school newsletters, newspaper, web site, etc. I understand that I am responsible for any and all fees that maybe associated with this program. I am aware fees and penalties will be assessed if my child is picked up late from an activity.

Mother's Signature _____ Father's Signature _____ Date _____

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Athletic Health Form

This health form must be completed by your doctor and returned before your child can participate in any athletics. This includes practices as well.

No student will be permitted to play on any SMS teams/clubs until we have a medical form in which a doctor clears the student for play. All medical conditions that could affect playing and/or health should be noted. The parent(s) are also required to sign the medical release. This acknowledges that they have seen and give permission for their child to play.

If your physician has included a statement that your child is cleared for sports on his/her UPDATED annual physical form, please attach that (no need for the physician to complete the form below). However, EACH PARENT MUST COMPLETE THE PARENT PART OF THE ATHLETIC FORM AND SEND INTO THE OFFICE.

This release will remain on file from 9/1/2011 until 6/30/2012. If there are any changes in your child's health during the course of that time, it is the parent or guardian's responsibility to notify the school.

Student's Name: _____ **Grade** _____
(include homeroom)

Street: _____ City: _____ Zip: _____
Phone _____ Date of Birth: _____

STATEMENT OF FAMILY PHYSICIAN OR CLINIC

Is the above participant in general good health and able to participate in competitive activities?

_____ YES _____ NO

Are there any other medical conditions of which we should be aware during the course of the season (e.g. convulsions, asthma, allergies, diabetes, injuries, operations)?

_____ NO _____ YES (Please explain below)

Is the participant taking any medications?

_____ NO _____ YES (Please list below)

Physician signature: _____ Date: _____

Physician address: _____ Phone _____

I certify that the above name child is in good general health and able to participate in competitive activities and that a current up-to-date health form is on file at the school.

Parent/Guardian Signature _____ **Date** _____