

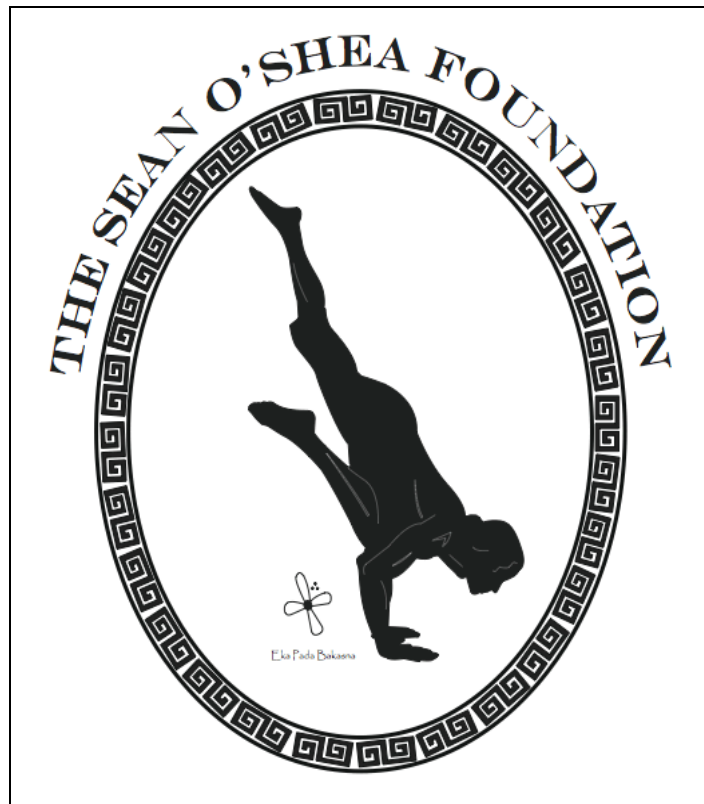
Free Yoga Program

- Starts April 7 @ 3:15-4pm
- Every Wednesday for 7 weeks
- No fee for the program open to all SDCCS students
- Must submit permission form to EDP by Wednesday March 10
- Must commit to attend every session

Grant provided to SDCCS-EDP by:

THE SEAN O'SHEA FOUNDATION

EMPOWERING YOUTH...



**“A non-profit organization committed to
Empowering youth through a dynamic yoga curriculum”**

**SAN DIEGO COOPERATIVE CHARTER SCHOOL (SDCCS)
EXTENDED DAY PROGRAM (EDP)
AUTHORIZATION FOR STUDENT PARTICIPATION IN ACTIVITIES**

_____ wishes to participate in
(Student's name)

Sean o' Shea foundation Yoga program every Wednesday from 3:15-4pm for seven weekly sessions in the SDCCS auditorium.
(Activity)

It is necessary that the parents specifically authorize that their child be included in the activity. Supervision for this event will be furnished by EDP, but parents should understand that supervision will end at the time stated. The school will take every precaution to assure the welfare and safety of your child participating in this activity. However, it is important that you understand that the school cannot assume financial or legal liability in case of injury or accident.

If you wish your child to participate in the above described activity, please complete the request for participation form below and return it to EDP immediately.

(EDP Director)

(SDCCS Principal)

Cut along dotted line and return lower portion. Retain upper portion for information.

PARENT AUTHORIZATION FOR PARTICIPATION

I, the undersigned, authorize my child _____
(name of student)

To participate in:

Sean o' Shea foundation Yoga program every Wednesday from 3:15-4pm for seven weekly sessions in the SDCCS auditorium.

Scheduled for:

Wednesday's beginning April 7- May 19 3:15-4pm

California Law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. ACCORDINGLY, I/WE HEREBY WAIVE ALL CLAIMS WHICH I/WE MIGHT HAVE AGAINST SAN DIEGO COOPERATIVE CHARTER SCHOOL, THE SCHOOL DISTRICT, OR THE STATE OF CALIFORNIA, their officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the above described activity. I am committing to the entire seven week program.

Date Signed

Signature(s) of Parent(s) or Guardian(s)