



# New Lenox School District

## Extra-Curricular Activity Parent Permission Slip

School Name: Oster-Oakview Elementary School

Activity/Club/Sport: **Yoga/ Wellness Club 4th, 5th, 6th**

Activity Description: Students will participate in wellness activities including walking, exploring your 5 senses, guided meditation, music, mandalas, stretch, yoga.

Sponsor/Coach: **Mrs. Brost**

Start Date: **September 16, 2022**

Meeting Days/Dates: **September 16 (Fri), 30 (Fri),  
October 4 (Tues), 14 (Fri), 18 (Tues), 21 (Fri), 28 (Fri)**

Start Time: 2:00 **End Time: 3:30**

Cost: Free

Parent: Please complete & return this form to your child's teacher.

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to  
(Print Parent Name) (Print Student Name)

participate in **Yoga/ Wellness Club** at Oakview School during the school year.

My child will be picked up by \_\_\_\_\_.

Parent Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

*Students must have a completed and signed permission slip and sports physical (if applicable) before they will be permitted to participate in the above activity, club, or sport. Students without permission slips (and sports physicals, if applicable) will not be allowed to participate. **No exceptions will be made.***