



Voted "Best Place for Yoga" in 2009, Zenergy Yoga now brings yoga to your child's school! This invigorating class will teach children how to capture their boundless energy and use it to build healthy minds and bodies. Cooperative games, including partner poses, themed activities, music and

art engage the natural energy and enthusiasm of this age group; inspiring positive peer interactions that carry into everyday lives. **Yoga 4 Kids** offers students the opportunity to build strength, flexibility, coordination, confidence, self-esteem and mindful concentration, in a positive, non-competitive environment. *Questions?* Contact Ali at 480-628-3012, ali@zenergyyoga.net or visit www.zenergyyoga.net.



Location	Room	Grade(s)	Day(s)	Start/End Date	Time	Fee
Desert Trails ES	250	K-3	Tues	9/1-10/20*	3:05-4:05pm	\$69
Grayhawk ES	MPR	K-3	Fri	9/4-10/23	3:05-4:05pm	\$79

*Class will not meet on 9/15

CUT ON DOTTED LINE AND SEND COMPLETED FORM WITH PAYMENT TO COMMUNITY EDUCATION



PVUSD COMMUNITY EDUCATION ENRICHMENT REGISTRATION FORM

First/Last Name _____ Grade _____ Home School _____
 Parent(s) Name _____ Email Address _____
 Street Address _____ City _____ Zip Code _____
 Phone: Home (____) _____ Work (____) _____ Cell (____) _____
 Emergency Contact Name _____ Home (____) _____ Work (____) _____
 Transportation: Parent Pick-up Walk Home Child Care Other _____ *Please send written notice if your child's way home changes.*

Code	Name of Class/Camp	Location	Start/End Date	Time	Course Fee
CS1119	Zenergy Yoga				

You may register one of the following ways (registration and payment must be received at least three business days prior to start date):

❶ Register online at <http://comed.pvschools.net> ❷ Call Community Education at (602) 449-2200/2201/2202 with VISA or MasterCard ❸ Bring or mail registration form and payment to Community Education, 15032 N. 32nd St., Phoenix, AZ, 85032. Office hours are Monday-Friday, 8am to 5pm. **You are enrolled upon receipt of payment. Refunds are available until start of session and include a \$25.00 fee.** A full refund and notification will be given **only** if classes are cancelled.

Payment Type: Cash Check # _____ (Make checks payable to Community Education)
 VISA MasterCard Card # _____ Exp. _____ Signature _____

MEDICAL RELEASE/APPROVAL

First/Last Name Of Participant _____
 Past Health _____ Past Injuries _____
 Present Health _____ Medication _____
 Allergies _____ Drug Sensitivities _____
 Insurance Company _____
 Name Of Policy Holder _____ Policy Number _____

Please read carefully: I hereby authorize the Directors of _____ class/camp held at _____ school to act for me in any emergency requiring medical attention. I agree to be treated by a licensed physician while attending class/camp and to assume all costs related to such treatment. I waive and release any and all rights and claims I have against Paradise Valley Unified School District or its representatives for damages which may be sustained by me.

Parent's or Guardian's Signature _____ Date _____