1. **Post-pone/Tardy:** As soon as you know you will have to post-pone or will be tardy call me.
2. **Preparation:** Be prepared for class with your pencil, binder, recorder, and notebook every class!
3. **Distractions:** Turn off or silence your cell phone. (All classes)

Please do not bring friends that will disrupt class.

1. **Sick/Hoarse:** If you are sick/hoarse stay home and get some rest. Do not come to class because I will

send you home. As soon as you know you will have to post-pone call me.

1. **Dress code:** Males please wear shoes, shirt, and pants. (Jeans are acceptable)

Females please wear shoes, shirt or blouse, and pants or skirt, or dress. (Jeans are

acceptable)

1. **Hygiene:** When I am showing you breathing exercises my breath and body odor **will not** be

offensive. I expect the same courtesy in return.

I am the parent/legal guardian of *(print student’s name) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

I give him/her permission to participate in Hopewell Is Alive classes. I understand that I will be responsible for making sure that my son/daughter abides by Hopewell Is Alive rules. I understand that Hopewell Is Alive reserves the right to not continue the student/teacher relationship with your son/daughter at any time. I understand that by signing this permission slip I am giving my son/daughter permission to participate in the Hopewell Is Alive program, I am aware and agree with the Health and Wellness conditions, and the information provided on the registration form is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Signature Date

Do not sign below this portion without the instructor present

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I promise to abide by the Hopewell Is Alive rules. My parent/legal guardian has given me permission to participate and the information provided on my registration form is true and correct**. (Do NOT sign this portion until you are with the instructor)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_