

Megan Peters

I am the parent or legal guardian of

_____.

I give my written permission for Megan Peters and her instructors from Megan Peters Yoga to pick my child up from his/her classroom at noon and attend the Yoga program that she provides for children at Crosspoint United Methodist Church. I am aware that the teacher for Yoga is not an employee of Jackson Children's Academy.

Signature _____
Parent/Guardian

Date _____