

SCHOOL
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SCHOOL NAME HERE Presents

Family Wellness Night

You are invited to an evening of healthy inspiration at SCHOOL NAME

- List activities here. E.G.:
- Fun and energetic Karate class
- Test your physical literacy with Activate Aurora
- Get energised with a Zumba class
- Get creative in our arts and crafts room
- Spin the Stress Wheel
- Hear about online safety from Officer Ron
- Meet St John's Therapy Dogs
- Learn how to ride your bike safely
- Figure out screen time alternatives
- Please dress appropriately and bring your refillable water bottle to stay hydrated
- Raffle prizes!
- Children MUST be accompanied by an adult

DATE

TIME at SCHOOL NAME.

Limited spots, please RSVP by **DATE**

Post this on your fridge!

Registration Form – Please detach and return to school office by **DATE**

We would like to attend the Family Wellness Night

_____ Parent(s) _____ Student(s)

Name of Student(s) _____

Phone Number _____

Parent Email _____

Allergies _____

***Please fill out the photo release on the reverse**

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Photo Release Form – SCHOOL NAME Wellness Night

Dear Parents,

We are holding a Family Wellness Night for parents and children on DATE. We will be videoing/taking photographs at the event. Below is the consent form:

I, _____ (parent/caregiver name) parent/caregiver of _____ (student name), of SCHOOL NAME in the Town of Aurora, in The Regional Municipality of York, hereby authorize SCHOOL NAME, its officers and servants, to take photographs or audio visual footage of my son/daughter _____ (student name) and parent _____ (parent's names) on the DATE, and to use such materials as SCHOOL NAME, its officers and servants, see fit, and I hereby release and forever discharge SCHOOL NAME, its officers and servants, collectively and individually, from all manner of actions, causes of action, debt, claims and demands of any kind or nature whatsoever which against SCHOOL NAME, its officers and servants, I ever had, now have, or shall, can or may have, directly or indirectly arising out of the taking or use of such photographs or audio visual footage.

WITNESS my hand and seal this _____ day of _____, 2018.

_____ (Signature)

In the presence of: _____ (Witness signature)