

KIDDING



Due to popular demand, Kidding Around Yoga returns this Fall for a 7-week after school program for children ages 5-8.

AROUND

YOGA

Cost: \$75 Meets 3:30pm -4:30pm in the Town Hall Gym

Fridays starting October 6th. Dates: October 6, 13, 20, 27, and November 3, 10, & 17

This **KAY** class offers a complete, age-appropriate Yoga practice including:

Breathing instruction - Relaxation techniques - Stretching and strengthening poses - Music, games, and imagination

KAY's secret is our playfulness, keeping your child motivated, excited, and moving. This is not your typical Yoga class. A **KAY** class gets children singing, dancing, skipping, marching, jogging, shaking, laughing, hopping, limbo-ing, and storytelling ALL while practicing Yoga to original **KAY** music.



Sherri is our *highly trained, passionate KAY certified teacher.*

KAY's specialized training provides instructors with the tools, knowledge, and experience to lead a creative and well-organized kids' Yoga class.



Checks can be made payable to Bethany Parks and Recreation. **We are unable to accept same-day registrations.**

Please send a note to school letting them know your child will be participating in our program.

KIDDING AROUND YOGA OCT-NOV PROGRAM REGISTRATION

Name _____ Address _____

Age _____ Grade _____ Teacher _____ Bus Number _____

Telephone _____ Email address _____

Emergency Contact: Name: _____ Phone: _____

Any special concerns, needs or medical such as allergies, asthma, etc. ___yes___ no.

If yes please explain: _____

Yoga mats will be provided, you do not need to bring your own.

WAIVER OF TOWN LIABILITY:

Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE:
(parent/guardian)

Date