

KIDDING



Due to popular demand, Kidding Around Yoga returns this Fall for an 10-week after school program for children grades k-6.

AROUND

First Session of the School Year!

YOGA

Cost: \$115 Meets 3:30pm -4:30pm in the Town Hall

Thursdays starting September 19th. Dates: 9/19, 9/26, 10/3, 10/10, 10/17* (10/17 is a half day from school, we'll host participants at Rec Room until class time), 10/24, 10/31, 11/7, 11/14, and 11/21.

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, limboing, 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 SEPT-NOV 2019 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: _____

For office use only:

Pmt Type: _____

Amount: _____

Date Rec'd: _____

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