

## Yoga/Mindfulness

By, Lotus Counseling of CT



**BES 3:15-4:30**

**GRADES: K-5<sup>th</sup> Grades Tuesday's March 6<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>, April 3<sup>rd</sup> and April 10<sup>th</sup>. Cost: \$50.00**

### **Why Yoga for kids?**

- **Increases self-esteem**
- **Decreases bullying**
- **Improves concentration**
- **Promotes positivity**
- **Strengthens body and mind**

### **What you can expect from this Yoga class?**

- **Fun!! Movement!! Play!! Kids yoga is much more active than adult yoga, but in between the play and fun kids will learn poses, do breath work, and practice mindfulness.**
- **Music, stories, and themes are all used to keep kids engaged and enjoying themselves.**
- **All classes include social/emotional development themes such as kindness, being a friend, and respecting ourselves and others.**
- **All classes will begin and end with a mindful meditation/activity, which will help kids learn how to calm their bodies and their minds.**

PLEASE SEND REGISTRATION FORM BELOW AND CHECK TO PARK & RECREATION NO LATER THAN ONE WEEK PRIOR TO THE START OF PROGRAM. SPACE IS LIMITED! A NOTE TO YOUR CHILD'S TEACHER STATING ATTENDANCE IS REQUIRED! **STUDENT MAY NOT STAY FOR THE PROGRAM IF THEY DO NOT HAVE A NOTE.**

**No make ups.**

**BETHLEHEM PARK & RECREATION REGISTRATION FORM**

REGISTRATION INFORMATION: ALL REGISTRATIONS AND PAYMENTS FOR PROGRAMS MUST BE RECEIVED IN ADVANCE. MAKE CHECKS PAYABLE TO BETHLEHEM PARK & RECREATION, P.O. BOX 160, BETHLEHEM CT 06751. I GIVE PERMISSIN FOR MY CHILD/SELF TO TAKE PART IN THE BELOW NAMED ACTIVITY. BY SIGNING THIS FORM, I WAIVE ALL CLAIMS AGAINST THE TOWN OF BETHLEHEM, PARK & RECREATION DEPARTMENT, AND ALL PERSONNEL FROM ANY LIABILITY FOR INJURIES, LOSS, OR OTHER CLAIMS RESULTING FROM PARTICIPATION IN THIS ACTIVITY. IF I CANNOT BE REACHED, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN, PROGRAM SUPERVISOR, OR HOSPITAL TO SECURE PROPER TREATMENT FOR MY CHILD OR MYSELF.

PROGRAM REGISTERING FOR: \_\_\_\_\_

SIGNED PARENT/GUARDIAN/SELF: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTICIPANTS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_ FEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ANY MEDICAL CONDITIONS THE RECREATION DEPARTMENT SHOULD BE AWARE OF?  
\_\_\_\_\_

PLEASE LIST NAMES OF ADULTS WITH PERMISSION TO PICK CHILD/CHILDREN  
UP \_\_\_\_\_