



# Yoga for Youth- Spring 2016

For children ages 5+ at time of program

**Pre-registration is required**

Derry Parks & Recreation Department

31 West Broadway, Derry, NH 03038

Office Hours: Mon-Fri 8:00am-4:30pm



Classes are held on **Saturday's only** at the  
**Veterans Hall- 31 West Broadway, Derry, NH 03038**

**There will be a total of 5 classes per session.**

**Derry Resident Fee: \$40.00 - Non-Resident Fee: \$60.00**

## **Session dates and times are as follows:**

Session	Dates	Class 1 Time
<b><i>Spring Session 1</i></b>	May 7th- June 11 <sup>th</sup> , 2016 (No Class on 5/28)	9:00am-10:00am

**\*Please plan to arrive 5 – 10 minutes before your scheduled class time. Class will begin promptly\***

*To check if a class has been canceled, please contact the Recreation office at (603) 432-6136 prior to 4:30pm.*

*Information will be posted on the Recreation website whenever possible.*

### ***About the Class:***

The youth yoga program is for children ages 5-12. Classes are designed to create a fun environment for learning basic techniques in yoga. Each session will consist of 60 minute classes held Saturday's at the Veterans Hall Gymnasium. Students will gain knowledge of yoga through stretching exercises, breathing techniques, yoga postures, flow sequences, and relaxation. Participants are sure to increase flexibility, strength, balance, and self-confidence.

Each class size requires a minimum of 6 participants but no more than 15. Space is limited and prior registration is required.

### ***Please bring the following to class:***

- Water bottle
- Yoga mat
- Blanket/towel

### ***What to wear:***

- Stretchy, comfortable clothing



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When Registering: The recreation office accepts cash or check payments. When registering a 5 year old, an office member must see a copy of the child's birth certificate. All participants must pre-register through the Recreation Office.

Child's Name:

Address:

Town:  State:  Zip Code:

Home Phone:  Cell Phone:

Email:

Birth Date:  Age:  Gender:

Parents Name:

Does the participant have any special needs or limitations the instructor should be aware of? If yes, please describe:

I would like to donate to the *P.L.A.Y. Fund* and help fund a child's registration fee for this or other Recreation programs. I am donating \$\_\_\_\_\_

### WAIVER

Participation in this sport/activity may involve risk of injury. As a parent/guardian/participant I am aware of these hazards and of the ability to participate. In consideration for participation in this program, I hereby for myself, my heirs, executors, and administrators waive and release all rights and claims against the Town of Derry, Derry School District, its officers, employees, agents, volunteers, supervisors from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the activity/sport. The above named cannot be responsible for any aggravation or injury caused as a result of pre-existing physical disabilities; including, but not limited to, allergies. The Parks & Recreation Department will be notified of any such special needs or sensitivities in writing prior to enrollment in this program. I understand the cancellation/refund policy of the Parks & Recreation Department. The Department encourages you to carefully consider your schedule prior to registration. No fee will be refunded after the program has begun. This policy is strictly enforced thereafter.

Parent/Guardian Signature

Date

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Recreation Employees Only:

Employee Initials: \_\_\_\_\_ Cash or Check Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Birth Cert. \_\_\_\_\_