

Saratoga Bridges is pleased to offer a 5 week session of Hatha Yoga to be instructed by Peg Clark, who is certified in 'Yoga for the Rest of Us', and assisted by Wendy Ashe, who is certified in 'Yoga for the Special Child'. Yoga promotes strength, flexibility, focus and concentration, and brings about a sense of calmness and peace. If your child desires to participate, please have a parent/guardian complete the attached application and return it by 4/7/15 to Patty Paduano at 16 Saratoga Bridges Blvd., Ballston Spa, NY 12020 or via e-mail to ppaduano@saratogabridges.org or Wendy Ashe at washe@saratogabridges.org. For more information please call Peg at (518) 893-2313 or Patty at (518) 587-0723, ext. 1254, or Wendy at (518) 587-0723 M-Th or (518) 584-8172 F

Dates: Tuesday 4/14, 4/28, 5/12, 5/19, 5/26

Time: 4:30-5:00pm – for children ages 5-10 unable to imitate a pose
5:15pm-5:45pm – for children ages 5-10 able to imitate a pose
6:00pm-6:30pm - adolescents only (ages 11-17) Group 1
6:45-7:15pm - - adolescents only (ages 11-17) Group 2

Fee: \$20/5 week session (scholarship may be available; please contact Patty Paduano)

- You will be contacted if your child has been selected to participate in the 6 week session once the questionnaire has been reviewed. Thank you for your interest in this program.
- If a yoga mat is available to your child, please bring it; however if not, some mats are kept on site and can be available for use on those evenings.
- Please have your child come dressed comfortably.
- Please have your child bring a filled water bottle.

Questionnaire for Parents

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone#: _____

1. Have any family members practiced yoga? ____ If yes, who? _____

2. Does your child have a diagnosis? _____ If yes, what? _____

3. What are the physical symptoms of the disability? _____

4. Does your child have seizures? _____

5. Does your child have a cardiac problem? ____ If yes, please describe. _____

6. Does your child have a problem with his or her spinal column? ____ If yes, in what area? _____

7. Has your child undergone surgery? ____ If yes, please describe, listing approx. dates. _____

8. What medication does your child receive? _____

9. Can you think of any reason, such as a recent physical illness or chronic condition that might contraindicate the practice of certain yoga postures?

10. What other treatments or therapies has your child undergone? _____

11. Is your child's motor development delayed? ____ If yes, please describe. _____

12. How would you describe your child's concentration, attention span, and general awareness? _____

13. Would you characterize your child as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted, or extroverted? _____

14. Is your child able to follow simple verbal commands? _____

15. If you stood with your feet apart and your arms in the air, could your child imitate your posture? _____

I understand that this 5 week session of Hatha Yoga is presented with an emphasis on safety, non-competition & mindfulness, and have explained this to my child, who promises herein to practice mindful stretching and to avoid forcing his/her body in any way in the classes. My child is participating voluntarily in this Yoga program and is physically able to proceed with this program. With this questionnaire/registration form I am informing the instructor of any physical limitations and/or health concerns, for which I accept sole responsibility. Additionally, I hold harmless Peg Clark and Wendy Ashe, and Saratoga Bridges, NYSARC Inc., Saratoga County Chapter, its officers, agents and employees for any liability for any personal injuries or loss of my personal property or third party claims by reason of participation in this program. I waive the rights to claims for any damages/injuries against Peg Clark, Wendy Ashe, Saratoga Bridges, NYSARC Inc., Saratoga County Chapter or the officers, agents and employees of Saratoga Bridges. Also, I understand the course fee is inclusive, and once I register no refunds will be given for classes I do not attend.

I have written my e-mail address legibly here so I may be notified of any changes in the schedule. _____

In signing I acknowledge I have read, understand and agree to the terms detailed here, in this "Assumption of Risk" Waiver.

Signature of Parent/Guardian's Signature _____