



Whispering Willow Children's Yoga

Saratoga Bridges is pleased to offer a
6 week Hatha Yoga session for children ages 5–17!

Instructors

Peg Clark, certified in 'Yoga for the Rest of Us'

Wendy Ashe, trained in 'Yoga for the Special Child'

*Yoga promotes strength, flexibility, focus, concentration and a
sense of calmness, tranquility and peace.*

Wednesdays -- 10/11, 10/18, 10/25, 11/1, 11/8, 11/15

4:30-5:00pm – children ages 5-10 unable to imitate a pose

5:15-5:45pm – children ages 5-10 able to imitate a pose

6:00-6:30pm – adolescents only (ages 11-17) in Group 1

6:45-7:15pm – adolescents only (ages 11-17) in Group 2

\$20/6 week session (scholarships may be available)

**Saratoga Bridges, 16 Saratoga Bridges Blvd., Ballston Spa
Administrative building, 2nd floor**

Register by 10/4 or for more information:

Patti Paduano at 587-0723 ext. 1254 or ppaduano@saratogabridges.org

Wendy Ashe at 587-0723 ext. 1236 or washe@saratogabridges.org

*If your child wants to participate, please have a parent/guardian
complete the application by October 4, 2017*



Enriching lives by creating opportunities and partnerships!

16 Saratoga Bridges Boulevard • Ballston Spa, New York 12020

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- Once the questionnaires has been reviewed, we will contact parents as to if their children have been selected to participate.
- Children may be assigned to different times based on the number of participants. Parents will be notified prior to first class.
- Children need to bring a yoga mat (if you do not have access to one, there will be a few available), dress comfortably and have 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 aprox. 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? _____
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I understand that this 6 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.

Please print your email address in case we need to notify you 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 _____