



WAYNE COUNTY YMCA CALMING KIDS YOGA REGISTRATION FORM WINTER 2019

GRADES: K-6th

SESSION: _____

COST/SESSION: Y Member: \$20.00 Non Y Member: \$30.00 Daily: \$5.00

SIBLING DISCOUNT: \$5.00 per session

FAMILY MEMBERSHIP: Free to those on a Family Membership

Child's Name: _____ **Gender:** M F **Birth date:** ____/____/____

Age: _____ **Grade:** _____ **Member:** Y N **Email:** _____

Address: _____

Phone Number: _____ **Special Health Needs:** _____

Parent Name: _____ **Home#:** _____ **Cell#:** _____

If parents can't be reached, call: _____ **Phone#:** _____

Agreement

1. I certify that the participant named above is in normal health and capable of safe participation in this YMCA Calming Kids Yoga Program. The participant and/or parent agree to assume the risk of death or personal injury in this program and in whatever location or time it is held. The participant also acknowledges the extreme risk and danger inherent in the activity which includes; but is not limited to, the following: Injuries resulting from stretching, twisting, bending, reaching, and all other activities and forms of motion associated with the activity.
2. I assume all risk(s) and hazard(s) incidental to the conduct of this program and release, discharge and covenant not to sue the YMCA or the instructors forever from liability for any and all loss or damage, personal injury, property damage or wrongful death whether caused by any negligence, either active or passive of the Y and the instructors, or otherwise.
3. **Medical Treatment Policy:** I agree that in the event of an emergency in which a parent, guardian, or emergency contact cannot be reached, that Emergency Medical Staff and the YMCA may take appropriate action to best serve the interest of my child. I understand in the case of an emergency situation, when medical attention is necessary, that the participant's parents or guardians will be responsible for any medical cost.
4. I agree to indemnify and hold the Y and instructors harmless from any damages or costs arising out of the participant's (child or myself) injury.
5. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I agree to conduct myself with these principles in mind at all times and will not disrupt this or any other Y program or activity.
6. I give permission to the YMCA to use the photograph or likeness of my child for the purpose of educational or promotional matter. Yes or No
7. I am willing to participate as a coach or an assistant in this program. Yes or No
8. I would like to make a gift to help a child play Y Sports. I am adding \$_____ to registration for the YMCA Strong Kids Scholarship Fund.

Parent's Signature: _____ **Date:** _____

For Office Use Only:

Paid: \$_____ **Payment Method:** _____ **Date:** _____ **Receipt #:** _____ **Staff:** _____



WAYNE COUNTY YMCA
WINTER 2019
CALMING KIDS YOGA
Program Information Sheet

- **GRADES:** K-6th Grade
- **PROGRAM TIME:** Wednesday 4:15-5:15 PM
- **LOCATION:** Upstairs Fitness Room
- **SESSION I:** January 9th-February 13th **SESSION II:** February 20th- March 27th
- **PROGRAM COST/SESSION:** Y Member: \$20.00 Non Y Member: \$30.00 Daily: \$5.00
 - **SIBLING DISCOUNT:** \$5.00 per session **FREE:** To those on a yearly Family Membership
- **PRE REGISTRATION IS REQUIRED** * Minimum number of students needed is 6 *
- **FOCUS:** Through yoga poses, breathing techniques and meditation/relaxation exercises we can guide youth to a deeper connection with their own bodies.
- **EQUIPMENT/DRESS CODE:** Yoga mats are available if needed. Wear comfortable clothing.
- **INSTRUCTOR:** Liz Lopez
- **CLASS TIME:** Our room is not large enough for parents to stay during classes. Once your child is signed in you may wait downstairs, if you're a member you could get your own workout in or just use the time to run an errand.
- **YOGA EXPERIENCE:** No previous yoga experience is necessary. It is important that students understand that this class is structured and quiet for the most part.
- **CANCELLATION POLICY:** If there is severe weather in the area, or the possibility of severe weather, the Y may decide to cancel classes. We will attempt to call participants for cancellations, however, call 570-253-2083 if you are uncertain. If Wayne Highlands School District closes for the day or dismisses early, the program will be cancelled. Credit slips will be issued for classes missed for these purposes only.
- **SOCIAL MEDIA:** Visit us on our website at www.wcymca.com, like us on Facebook, and join the Wayne County YMCA Youth Programs Remind group for news & updates.
Send Message to: 81010 Message is: @wcymc



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WAYNE COUNTY YMCA
105 Park Street
Honesdale, PA 18431
(570) 253-2083
www.ymcawayne.com