



CHILDREN'S YOGA

JOIN US ON THE MAT! Children enjoy our story-based lesson plans while learning yoga postures, breathing exercises and relaxation techniques. We strive to create an engaging learning environment where students receive all the benefits of yoga including focus, flexibility, stress reduction, increased confidence and self-regulation skills.

The Children's School of Yoga Website

ELIGIBILITY: Open to residents of the Village of Briarcliff Manor (VBMR). Briarcliff Manor School District residents (BMSD) and Non-residents (NONR) are welcome for an additional fee.

AGES: 3-5 Years Old
DAYS: Thursdays
TIMES: 1:00 - 1:30 pm

CLASS: January 12, 19, 26
February 2, 9, 16
March 2, 9

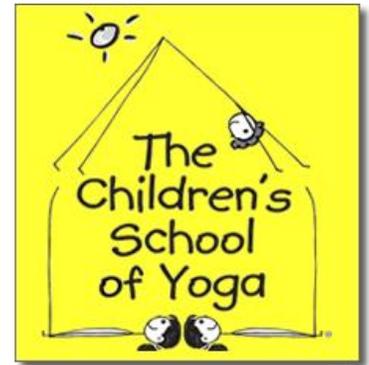
WHERE: Community Center 2nd Floor, 1 Library Rd

INSTRUCTOR: Susan Ginsberg

FEE: \$125.00 for eight (8) 30 minute sessions – Village Residents (VBMR)
\$135.00 for eight (8) 30 minute sessions – School District (BMSD) & Non-Residents

REGISTRATION: Begins Monday, December 5th online or at the Recreation Department, 3 Library Road. Registration deadline is Thursday, January 5th.

PLEASE NOTE: **CHILDREN MUST BE ACCOMPANIED BY A CAREGIVER.**
The right is reserved to cancel the program due to insufficient registration.



Children's Yoga – Winter 2017 Act. 1069 Sec #2

Fee: \$125.00/Village Residents (VBMR) - \$135.00/School District (BMSD) & Non-Residents (NONR)

CHILD'S NAME: _____ **PHONE:** _____

ADDRESS: _____ **BIRTHDATE:** ____/____/____ **AGE:** _____

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, their employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation.

E-Mail Address: _____
(For receipt/Dept. purposes only) _____ **Signature of Parent or Guardian**

METHOD OF PAYMENT: CASH CHECK # _____ MasterCard / Visa** (additional 2.5% fee)

DATE: _____ **AMOUNT:** _____ **RECEIPT#:** _____

Credit Card #: _____ **Exp. Date:** _____ **Cardholder Signature:** _____

Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks).
**** Credit Card information below is shredded after processing.**