



LITTLE OWL YOGA ENRICHMENT PROGRAM!

**THURSDAYS FROM 1:00PM-1:30PM
JANUARY 10-FEBRUARY 21, 2019**

Elisa Hayden, 500RYT and founder of Little Owl Yoga is proud and excited to present [Little Owl Yoga for Preschoolers!](#)

This after-school program is specifically designed for little ones in mind! This enriching Yoga Storytime program incorporates fun breathwork, yoga poses and movement that keep little ones moving almost the entire time! Each 30 minute class is themed.

Little Owl Yoga Class Snapshot

- *Welcome Song
- *Introduction to Theme
- *Breathwork
- *Story #1
- *Discussion of story + poses
- *Yoga game
- *Story #2
- *Rest time

Some benefits of yoga for preschoolers include, but are not limited to: Body and spatial awareness, increased coordination, improves listening skills, encourages self-expression, builds confidence and self-esteem!

\$65/child for 8 week session

CASH OR CHECK MADE PAYABLE TO ELISA HAYDEN

Class size is limited to 10 students.

ENROLLMENT FORM:

Child's Name (First & Last): _____

Nickname: _____

Parent Name: _____

Phone (work): _____

Phone (cell): _____

Email: _____

Emergency Contact Name & Phone: _____

Photo/Video Release (circle one): YES NO

Medical History (List any conditions, treatments, or medications taken to date)

INFORMED CONSENT AND WAIVER OF LIABILITY

By signing my name below, I acknowledge that my child's participation in the class exposes him/her to a possible risk of injury. I am fully aware of this risk and hereby release staff from any and all liability, negligence, or other claims, arising from, or in any way connected, with my child's participation in Yoga and any other exercise class.

My signature further acknowledges that I shall not now, or at any time in the future, bring any legal action against the class, and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

My signature verifies that my child is well, and is able to participate in Yoga classes, or any other exercise classes, and a licensed medical doctor has verified my child's physical condition for participation in this type of class.

My signature is binding to this liability waiver from this day forth. As legal parent/guardian of (child's name) _____, we consent to the above conditions.

Signature of Parent/Guardian: _____ Date _____