The “Flourish your inner child” Yoga program offers a unique yoga practice which helps children regulate their emotions, improve their emotional and physical wellbeing. Through a range of fun and engaging yoga exercises, games and meditations. The program encourages children to connect within themselves and with each other. Allowing participants to gain a strong sense of belonging, being and becoming.

When we do yoga together the benefits are incredible:

It deepens our connection to ourselves Nurtures our overall physical and . and others. emotional wellbeing.

Helps regulate Emotions and behaviour. It boasts self-esteem and confidence.

Enhances physical flexibility and balance. Reduces stress and anxiety.

IT IS SO MUCH FUN!!!

Let’s empower our children with the opportunity to build on their yoga practice and flourish.

Out of school hours Service Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade level: \_\_\_\_\_\_\_\_\_\_ Age group: \_\_\_\_\_\_\_\_\_\_\_ Number of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class theme -Subjects of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any children that may have any health conditions that we should know about: (including allergies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there any additional information that you would like me to know about any of the participants (likes, dislikes, fears, behaviour issues, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please tick appropriate box**

Primary school program After school program

Insursion Vacation care program

Other

**Release and Waiver of Liability**: I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being a minor, under 18 years of age, understand that my child will be participating in a yoga class or private yoga lesson during which he/ she will actively participate in yoga exercise. I understand that yoga requires physical movement and bodily exertion, which may result in an accident of physical injury. In the event of injury to my child, I hereby give consent to contact emergency assistance if needed. I acknowledge and have been advised that it is my responsibility to consult with my or my child’s physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child’s participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program or one on session and discharge and hold harmless Flourish kids yoga and fitness, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child’s participation in the Yoga program.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_/\_\_\_/\_\_\_\_

**Photo Information**:

We occasionally take pictures of children in class to use in publicity material, such as our newsletter, social media or our website. Please indicate your consent or otherwise by ticking the appropriate box and signing below. (The children’s name will not be used on any photos used for promotional purposes.)

I agree I am happy for have child to appear in photographs and on social media.

I disagree I would rather not have any child appear in photos.

Signature of teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_/\_\_\_/\_\_\_\_

Signature of Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_