

Kids Yoga at ICCS Grades 2-8

Tuesday Afternoons January 9 – April 23, 2024



This **fun yoga program** helps children be more aware of their bodies and minds through movement and play. We use creative games, breath work & mindfulness tools to regulate our emotions, calm our minds, and feel confident in our bodies. We also practice partner and group activities to improve team building & social skills.

Tuesdays Afterschool: GRADES 2–4, 3:15 – 4:05pm GRADES 5–8, 4:15 – 5:15pm
classes are small semi-private groups of 4-6 kids

Please have your child bring a sticky yoga mat and water bottle to class and wear comfortable clothing. Mat colors such as *darker* greens, blues or purples are suggested as they show less dirt. All mats can be stored at ICCS. No class if school is cancelled.

New Yoga students receive a FREE yoga book! Class Payment due with registration form.

Taught by Stephanie Congo – Registered Yoga Teacher. Leading engaging yoga movement, mindfulness, science based programs and outdoor activities to children, youth and adults for over 20 years. www.stephaniecongo.com stephanielovesyoga@gmail.com (901) 573-4522

To register, please fill out and return the following 2 pages and bring all check/cash payments to Ms. Copous. The Bank Transfer PayPal payment can be submitted online. Thank you!

Please keep this page for your information.

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Please keep Page 1 for your information.*

Kids Yoga at ICCS Grades 2-8 Spring 2024 Registration Form

Student Name(s): _____

Age(s): _____ Grade(s) and Teacher(s): _____

What are they the most excited about yoga? _____

Guardian Contact Name: _____

Guardian Phone: _____

Guardian Email: _____

Emergency Guardian Name, Title & Contact Phone:

Please circle the first trial class and/or the semester that you are registering your child for.

Spring Semester Starts!
January 9 – April 23, 2024

Not sure? Try a Trial Class!
\$10! January 9, 2024

Payment total. \$10 / Trial Class on Tuesday January 9th
_____ kids x \$10 = _____ (total owed)

\$325/ Spring Semester
_____ kids x \$325 = _____ (total owed)

Please circle your Payment option. Check Cash PayPal

List here the date that Payment was made. _____

Check made out to: "Stephanie Congo" with memo "Childs Name(s) & ICCS Yoga" attached to form.

Cash placed in an envelope and given to: Ms. Copous with the registration form.

Bank Transfer via PayPal to: "stephanielovesyoga@gmail.com" with memo "Childs Name(s) & ICCS Yoga"

Stephanie Congo, BS, ERYT200, RYT500, CYT, EEMCLP

Kids Yoga, Yoga Therapy, Meditation, Mindfulness & Energy Medicine

692 South Belvedere Blvd Memphis, TN 38104 (901) 573-4522

Yoga for Sports Teams ♥ Large Groups ♥ Private Sessions ♥ Workshops ♥ Workplace Trainings

Kids Yoga Liability Waiver and Release Agreement

I, _____, (on behalf of my child(ren)) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I will discuss this with my child(ren) that if they experience any pain or discomfort, they will do their best to listen to their bodies, discontinue the activity, and ask for support from the instructor. They will follow instructions from the instructor so that they can learn safe ways to participate in class. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my child(ren)'s good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. I also affirm that I alone am responsible to decide whether my child(ren) practice(s) yoga and their participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Stephanie Congo or Immaculate Conception Cathedral School.

I have read and fully understand and agree to the above terms of this Liability Waiver and Release Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Tennessee.

On behalf of my Child(ren):

Guardian Signature:

Today's Date:
