



ISLAND PARK SCHOOL DISTRICT
 DEPARTMENT OF RECREATION
 150 TRAFALGAR BLVD.
 ISLAND PARK, NEW YORK 11558
 TEL: 516-434-2605
 2019 WINTER YOUTH PROGRAM



ISLAND PARK RECREATION MIDDLE SCHOOL YOGA CLUB

Wednesdays

Grades 5-8

6:30 p.m. – 7:30 p.m.

Lincoln Orens Middle School

Middle School Yoga will help children enhance their physical and mental health. The hour long session will improve flexibility, strength and coordination. Yoga moves and stretches will ease muscle tension and improve circulation while loosening joints that often become stiff from sitting in school or in front of the television. A certified yoga instructor will introduce the young yogis to the foundations of yoga while implementing a tranquil environment for all.

2019 Winter Dates:

January 16, 23, 30
February 6, 13, 27
March 6, 13

Fee:

Resident: \$75/8 sessions
Non-Resident: \$95/8 sessions

=====

🌀 2019 WINTER MS YOGA PROGRAM REGISTRATION FORM 🌀

Please mail to the above address or drop off form and payment to security aide at LOMS front entrance.

Registrations must be received at least one week *prior* to the start of the program.

Checks payable to the Island Park Recreation Department.

If paying cash, please have the exact amount. The office cannot provide change.

MasterCard and Visa credit cards are also accepted by phone or in person by appointment only.

Once program begins, there are no refunds. Any questions, call the Rec office at 434-2605.

My child (print name) _____ has my permission to participate in the 2019 Winter MS Yoga Program for Grades 5, 6, 7 & 8 offered by the Island Park School District Department of Recreation.

Child's Grade ____ Address/Town/Zip: _____

Signature of parent/guardian: _____ Cell Number: _____

Your completed form confirms your registration and appointments to attend. The district's visitor policy is always enforced. Please read it on the district's web site, www.ips.k12.ny.us (see Quick Links). All visitors must have official photo identification to enter the building.

FOR RECREATION STAFF ONLY

FEE PAID: ____ CASH: ____ CREDIT CARD: ____ CHECK NUMBER: _____ RECEIPT NUMBER: _____