

Yoga Classes at Soulshine Farm

Soulshine Farm



54 Park Avenue,
Randolph, NJ 07869

Winter 2012

Class sizes are limited to 6 students per children's class and limited to 4 students in adult classes. Each class includes an age appropriate theme (non violence, positive feelings and respect directed towards self and others, respect for our environment, balance of mind - body).

For children, games, songs, yoga postures (asanas), and guided breathing exercises are included.

Students are encouraged to wear loose fitting comfortable clothing, and bring a mat if possible.

Yoga mats will be provided for students who don't have their own mat.

To register for a session, please check the class that you are interested in.

I will send email confirmations as I receive the registration forms.

- o Wednesdays: 4:15-5:00 pm Children's class 6-12 yr old Jan 25 to March 28 \$100
- o Wednesdays: 5:15-6:00 pm Children's class 6-12 yr old Jan 25 to March 28 \$100
- o Thursdays: 7:00-8:00 pm Teen class Jan 26 to March 29 \$120
- o Mondays: 9:30-10:45 am Adult Intermediate Class Jan 23 to March 26 \$135
- o Mondays: 11:00-12:15 pm Adult Beginner Class Jan 23 to March 26 \$135
- o Thursdays: 8:00-9:00 pm Adult Beginner Class Jan 26 to March 29 \$120
- o Fridays: 9:30-10:45 am Adult Intermediate Class Jan 27 to March 23 \$135
- o Saturdays: 8:00-9:00 am Men's Class Jan 21 to March 24 \$120

Mon. and Fri classes meet 9 times, wed, thurs and Sat meet 10 times,

Important dates: There will be no classes on Feb 20 and April 6.

An additional week of make up classes will be held the week of March 31- April 5.

There is no charge for this week of classes held during at your regularly schedule time/day.

Name _____ For Children's class - Birthdate: ____/____/____ Age: _____

Address _____ Phone: _____

Cell: _____

Email: _____

General Health Information:

Any injuries/surgeries/serious illnesses? Is there any other information regarding health that would be beneficial for me to be aware of? No: _____ Yes: _____ Please explain (continue on back if needed):

Does student have any special needs (please include behavioral/learning challenges)? _____

Please explain: (continue on back if necessary) _____

Ever diagnosed with: Asthma: ____/ Chronic Ear Infections: ____/ Heart Condition: ____/

Seizure disorder: ____/ Fracture/Sprain/ligament injury: ____ Other: _____

If student has any health issues, has his/her doctor given permission to attend yoga classes? _____

I, _____ (Parent/guardian) give permission for _____ to attend yoga classes and hereby release Julie Swenson of all liability and responsibility pertaining to

yoga classes. Signed: _____ Dated: _____

Please enclose a check made payable to *Julie Swenson* and mail to:

Julie Swenson
Soulshine Farm
54 Park Ave.
Randolph, NJ 07869

Thank you—I look forward to our time spent together!

If you have any questions please contact me at jswenson@soulshinefarm.com

Check out our website at www.soulshinefarm.com Phone number 973-895-2406