Yoga is a science and dates back over 5000 years. It is the oldest defined practice of self-development.

Why we recommend regular yoga practise; whether you use yoga for self-transformation or for stress management and physical well-being, the benefits are outstanding.

Yoga’s Effects on the Body:
- Reduced stress levels
- Stimulates improvements in attention, concentration and memory
- Increases cardiovascular efficiency & decreases blood pressure
- Improves sleep and digestion
- Self-growth and development
- Improves mood and feelings of well-being.
- Anxiety, depression and hostility decreases and social adjustments increases
- Immune function increases
- Physical strength and endurance increases
- Flexibility and joint range of motion increases
- Balance, hand-eye coordination, dexterity and fine motor skills improve

Yoga classes recommended for students in years Prep through to year 12 over a 15 weeks of tuition, on a Semester basis, one class per week.

Classes for Years pre-4 are of 40 minute duration. Fees are $180 for the 15 week Semester.

Classes for Years 5-12 are of 50 minutes duration. Fees are $195 for the 15 week Semester.

ALL CLASSES ARE OFFERED AT THE FOLLOWING TIMES:

YEARS PREP - 4: Monday 3:30 – 4:10PM
YEARS 5 -12: Monday 4:15 – 5:05PM

All classes will be held at the Dance Room (across the oval)

For more information or to secure your place please contact Danielle Williams on 0411143303 or email livinghealthnaturally8@gmail.com

Please return completed enrolment form with payment at the start of class on the first week.
I wish to enrol my child in Yoga lessons for this semester commencing Monday 8 February. Please tick the class your child would like to attend:

<table>
<thead>
<tr>
<th>Year</th>
<th>Times</th>
<th>Please tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREP - 4</td>
<td>Monday 3.30-4.10pm</td>
<td></td>
</tr>
<tr>
<td>5-12</td>
<td>Monday 4.15 – 5.05pm</td>
<td></td>
</tr>
</tbody>
</table>

Child’s Name: ____________________________________________ DOB: _____________________________

Parent’s Name: ____________________________________________

Email: ____________________________________________________

Phone number: (H) ____________________ (M) ____________________ (W) ____________________

Emergency name & contact: _________________________________________________________________

Parents Signature: ______________________________________________________________________

Date: __________________________

Please clear fees by the start of the 2nd week of classes otherwise students will be unable to attend any further classes until such times payment is made.

Please make all monies payable to Danielle Williams either by cheque attached to enrolment form or direct debit to:

Queensland Police Credit Union

BSB: 704-052

Account: 435237

Name: D A Williams

Reference: Students name

Please note there are no refunds on classes. Once you have enrolled and paid for the semester it is your responsibility for your child to attend all classes.

What to bring to yoga classes:

- Yoga mats are supplied. If your child has their own it is always recommended to bring to class
- Wear clothes that are comfortable and easy to move in. I would recommend leggings, bike pants, shorts or yoga pants.
- Also please bring a water bottle to class, depending on location water bubblers not always in close proximity.
- All I ask is for your child to be willing to learn new things, have fun and enjoy the many benefits of yoga
All information mentioned is confidential.

Name:______________________________________________  DOB:________________________

Emergency contact:_________________________________________________________________

Contact number:_____________________________ Relationship to student:__________________

<table>
<thead>
<tr>
<th>Condition</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure – High or low</td>
<td>Y / N</td>
</tr>
<tr>
<td>Heart Conditions</td>
<td>Y / N</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Y / N</td>
</tr>
<tr>
<td>Asthma</td>
<td>Y / N</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Y / N</td>
</tr>
<tr>
<td>Suffers from headaches or migraines</td>
<td>Y / N</td>
</tr>
<tr>
<td>Chronic Fatigue Syndrome or Glandular Fever</td>
<td>Y / N</td>
</tr>
<tr>
<td>Blood Disorders</td>
<td>Y / N</td>
</tr>
<tr>
<td>Allergies, if yes please list</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

Injuries or surgery that may affect or limit students practise:________________________________

____________________________________________________________________________________

Any medication:_____________________________________________________________________

Any other health concern that may affect student’s practise, which has not already been mentioned:

_________________________________________________________________________________

Parent/Guardians signature:_____________________________   Date:_____________________________