

GROW YOGA KIDS

PRIMARY - MIDDLE SCHOOL

YOGA CLASSES AT THE GMS

Winter/Spring session begins January 19 and runs through May 10
15-week session

Physical exercise, cooperative games, storytelling, music and art engage your child's natural energy and enthusiasm. Yoga classes with Jennifer explore yoga poses, breathing exercises, nutritional health, visual imagery, and relaxation techniques while conveying lessons in self-worth, body image, social skills, positive thinking, and environmental awareness. Set your kids on a lifelong path of physical fitness, balance and mental health!

Thursdays

Primary 1 2:35 - 3:10 \$132

Primary 2/ Lower-El 3:15-4:05 \$145

Mondays

Upper El/Middle School 3:35 - 4:25 \$155

CLASS CONTINGENT UPON ENROLLMENT

**PLEASE CONTACT JENNIFER ASAP IF YOU WOULD
LIKE TO ENROLL**



Jennifer Jennette

336-254-7190

jennifer@growyoga.org

Registration may be sent to:

**3506 Vernon St.
Greensboro, NC 27408**

Grow Yoga supports the North Carolina Triad community's growing awareness of the benefits of yoga to the body, mind and spirit. Jennifer Jennette has been practicing Hatha yoga since 1994 and has been teaching since becoming certified in 2004. She is a member of Yoga Alliance (RYT-200) and is a member of the International Association of Yoga Therapists. She is also certified to teach Montessori school. Jennifer's mission is to present the practice and principles of yoga in a simple way to children and adults so that they may use the tools of yoga to live healthy, vibrant and joyful lives. She believes that the world will continue to evolve into a more cooperative and compassionate place as the number of people practicing yoga blossoms.

Jennifer Jennette
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Greensboro, NC 27408



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www.growyoga.org

GROW YOGA YOUTH - Class Registration Form (15 -week session beginning 1/19/2011)

PRIMARY 1
THURSDAY
2:35-3:10
\$132

PRIMARY 2/LOWER EL
THURSDAY
3:15-4:05
\$145

UE/MS
MONDAY
3:35-4:25
\$155

Name _____

Date of Birth _____ Child' s Classroom _____

Address _____

City _____ State _____ Zip _____

Parent Name(s): _____

Email _____

Best Phone: (C) _____ (W) _____ (H) _____

Experience with Sports, Exercise, Yoga:

Please list any history of surgeries, major illnesses, chronic conditions, accidents, injuries or psychiatric care your child has had. Please note the approximate dates:

Medications, Vitamins, Supplements:

Allergies/Special Diet?:

To the best of my knowledge, _____, is able to carry on any and all activities in
(Child's Name)

Jennifer's program.

I agree to inform Jennifer of any physical and/or mental challenges my child has. I agree to release Jennifer Jennette from liability and agree to hold Jennifer Jennette harmless from any accidents that may occur during class.

I understand that Jennifer may take photographs during class and I will allow their use for publicity purposes.

I agree to these stipulations. _____ (parent's signature)

