

# Little Yogis

Taught by Dauphine Sisk OTD, OTR/L License #6074

4 week series—July 24, 31, Aug 7, 21

Cost: \$40 in advance, registration only.

**Little Yogi's 1** – Saturdays, 8:30 to 9:15am - 6 weeks to nearly crawling. Infants are natural yogis. This class will use nurturing and playful yoga to promote your infants development and let their inner yogi shine through.

**Little Yogi's 2** – Saturdays, 9:30 to 10:15am - adept crawlers to 24 months. Toddlers are growing and changing at a quickened pace. Helping them access their inner yogi can ease some of the stress for both them and you. You will also learn about their developmental processes and how yoga is a great way to promote their emerging skills.

**Little Yogi's 3** – Saturdays, 1:30 to 2:15am – A playful introduction to yoga for children 2 – 5 years of age.

Ms. Dauphine has studied the development of typical and special needs children since 1994. She also completed her Yoga Teacher Training program at Om Yoga Studio. She truly loves working with infants and toddlers in addition helping their caregivers better understand their child's developmental needs.



All classes are held at Embrace Yoga Studio

There is no refund after a session starts. Full refund 2 weeks prior to start of session.

Thank you for sharing the practice of yoga with us!

Embrace Yoga Studio

145 Franklin St Fayetteville NC 28301

[yogini@embraceyogastudio.com](mailto:yogini@embraceyogastudio.com)

## Please enroll my child in Little Yogis

Directions: To secure your spot in this class, please fill out this registration form and mail or drop off payment at the studio.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Health Information:

Does your child have any of the following?

- Allergy       Bone or Joint condition  
 Asthma       Cardiac Problems  
 Spinal Issues       Convulsions  
 Other (please explain)

Has your child undergone surgery? \_\_\_\_\_ If so, please detail: Date \_\_\_\_\_  
reason for surgery:

What medication, if any, does your child receive?

### **Liability Waiver**

I 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. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I, my heirs or legal representatives, hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against the owners, instructors or staff at Embrace Yoga Studio, LLC. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date**

