

**The Center for Special Needs, Inc.**

**presents**

# The Yoga Experience

**Wednesdays, July 10th - August 28th**

**7:00-8:00pm**

**\$50 for the 8 Session Program**

**For Ages 13-30**

Join us for this program tailored to the specific needs of unique individuals by specially trained teachers. Yoga assists in improving each participant's ability to focus and concentrate, in addition to improving fine and gross motor skills.

It also contributes to an increase in successful communication and the desire to build responsive and interactive relationships. All abilities are welcome!

**SPACE IS LIMITED TO 15. NO WALK-INS PLEASE!**



**ADVANCE REGISTRATION IS REQUIRED. RETURN FORM W/PAYMENT TO:**

**FRANKLIN TOWNSHIP COMMUNITY/SENIOR CENTER**

**505 DeMott Lane Somerset, NJ 08873**

**REGISTER ONLINE AT [FRANKLINREC.ACTIVITYREG.COM](http://FRANKLINREC.ACTIVITYREG.COM)**

**NEW TO US - CALL MONA REILLY 732-873-2500 x6357**



The Center

For Special Needs, Inc.

Participant Name		AGE	SEX	BIRTH DATE	Medical Issues
LAST	FIRST				
<b>PARENT OR GUARDIAN</b>	Last Name			First Name	
	Address				
	City		State	Zip Code	
	Home ( )		Work ( )	Cell ( )	
<b>E-mail Address:</b>					

I hereby authorize the Franklin Twp. Parks & Recreation to act for me according to their best judgment in any emergency requiring medical attention.

I understand that my child is participating in a publicly run program and that photographs taken at the program may be used for display and publicity purposes by the Township. Please check the appropriate box:

- Yes, I will allow my child's picture to be used for display and publicity purposes by the Township of Franklin.
- No, I do not permit my child's picture to be used for display and publicity purposes by the Township of Franklin.

I, the undersigned, hereby agree to allow the individual(s) named hereon to participate in the Township of Franklin, Recreation Division activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Recreational activities. My signature acknowledges that I understand and agree to the above conditions.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check One:  Parent  Guardian