
Dear Parent / Caregiver,

The yoga program will run for school sport this term during Friday sport time. This activity is available to students from years 3-6 who are not in a PSSA team this term.

Yoga can be a great vehicle for improving flexibility, coordination, balance, and most importantly, it can be used as an excellent stress management tool. The benefits to children (& adults) in practising Yoga are numerous. Physiologically, all muscles of the body are exercised and strengthened, the spine becomes straighter, stronger and more flexible, posture is improved, internal organs are massaged, stretched and toned, and full deep breathing is facilitated. Ultimately this leads to better health and vitality.

When: Each Friday of Term 1 beginning on Friday 17th February (wk 4) and running until Friday 30th March (wk 10)
Where: In the Hall.
Time: 9am – 11am. Actual lesson will go for an hour and a half
Who: We have engaged the services of Ms Penny Balafras, an experienced Yoga teacher teaching in Parramatta. A supervising teacher will also be present.
What to bring: Students need to bring a small towel (hand towel size). There are school mats provided or students may choose to bring their own yoga mat. Students will need to wear their sport uniform or they may bring tracksuit pants or similar loose fitting, comfortable pants to change into.
Total cost will be $35 for this term (7 weeks of tuition).

If your child would like to participate in this wonderful activity, please fill in the following permission form and return to Mrs Kane as soon as possible.
This activity will appear on your Term 1 invoice and will need to be paid as soon as possible.

Mrs Kane
School Sport Organiser

Mr J. Mularczyk
Principal

Please return to Mrs Kane as soon as possible

Yoga – School Sport Term 1

I give permission for my child ___________________ of class __________________ to participate in the Yoga course in Term 1 School sport in the school hall. I agree to pay the invoice amount of $35 in Term 1.

My child suffers from the following medical conditions:

__________________________________________________________

__________________________________________________________

Signature ___________________________ Date ___________________