

Stark Naturals

# The Tiny Yogi

Summer Camp

*Monday, July 10 through Friday, July 14, 2017*

*Yoga Camp in Southern Vermont for Young Children*

*This individualized program encompasses natural foods, personalized exercise themes, outdoor activities, and educational play. Children will experience Yoga, organic foods, nature, arts & crafts, music, reading, relaxation, exercise, and mindfulness activities.*

*Limited space is available to ensure a personalized experience for each child.*

*Application available at [StarkNaturals.com](http://StarkNaturals.com).*

*An application is required for each child.*

★ E-Mail or Call: [blueskyevt@gmail.com](mailto:blueskyevt@gmail.com) or (802) 447-6597 for details ★

Pre-Registration and Payment Required in Advance

*Note: All payments are non-refundable*

*~ Stark Naturals "The Tiny Yogi" Summer Camp Application ~*  
*Healthy living starts at birth*

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's Age: \_\_\_\_\_ {Note: children must be walking in order to attend}

Parents' / Legal Guardians' Names: \_\_\_\_\_

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

Applying for which session?      [ ] 9:00AM to 3:00PM ~ Total Cost for Week: \$250.00

   [ ] 8:00AM to 2:00PM ~ Total Cost for Week: \$250.00

   [ ] 7:00AM to 3:00PM ~ Total Cost for Week: \$350.00

Dietary Restrictions {explain in detail}: \_\_\_\_\_

What makes your child special or unique?: \_\_\_\_\_

Does your child have any mobility limitations? Explain: \_\_\_\_\_

Does your child have any allergies? Explain: \_\_\_\_\_

Any allergies to pets or animals? Explain: \_\_\_\_\_

What else should we know about your child?: \_\_\_\_\_

Does the child nap? When?: \_\_\_\_\_ Is he/she reading?: \_\_\_\_\_

Is child using toilet by him/herself?: \_\_\_\_\_ Feeding him/herself?: \_\_\_\_\_

Signed by: \_\_\_\_\_ Signature: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Please return the completed form via e-mail to: blueskyevt@gmail.com or via mail to: Stark Naturals, LLC at 709 Middle Pownal Road, Bennington, VT 05201. Please allow at least one week for processing of your application. All applicants will be notified of the status of their application. Applications are due two weeks prior to the start of the camp and payment in full must be made one week prior to the start of camp. Payments are non-refundable, as supplies and foods are purchased specifically to accommodate your child. Reserve your child's space early; camp size is limited to ensure a personalized experience for everyone. Small group size is a key feature of our program!

Peanuts and tree nuts are often a regular addition to meals and snacks, depending on age; we will gladly accommodate other dietary restrictions to the best of our ability. Please disclose all allergies and dietary restrictions above. A liability disclaimer form is required for each child enrolled in camp (see page 2). A sample daily schedule is outlined on page 3.

*~ Stark Naturals "The Tiny Yogi" Summer Camp Disclaimer ~*  
*Healthy living starts at birth*

It is herein read and understood that all participants in Yoga Camp Programs offered by Stark Naturals, LLC understand the risks of personal injury associated with Yoga. These programs are not intended for persons unable to stand or walk, persons with high blood pressure, persons with serious mobility limitations, or persons with spinal issues, unless those persons have been granted permission by a licensed physician to practice Yoga (certified by signature below with accompanying medical note).

Participants agree to discuss any significant health issues with Stark Naturals, LLC prior to participating in any program.

It is also herein read and understood that Lissa Stark (owner) and Stark Naturals, LLC shall be held harmless, non-negligent, nor liable in any form or manner for any and all conditions or events before, during, or after the above-referenced programs.

I understand the risks of personal injury while participating in these programs. Relying upon my own judgment and ability, I (on behalf of my child) assume all such risks of injury, and hereby agree to hold harmless those persons or organizations connected with these programs for any injuries that may occur.

Printed Name (or legal guardian if a minor): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Sample Daily Schedule (subject to change):

Arrival & Centering Circle

Mindfulness & Yoga Poses

Activities (i.e. water play, sand play)

Morning Snack

Outdoor Activities (i.e. walk/hike)

Yoga Poses

Lunch

Movement & Music

Activities (i.e. arts & crafts)

Reading

Afternoon Snack

Centering Circle

Yoga poses