

We teach children Monkeynastix® in a fun, safe environment, raising their levels of self confidence, all the while building skills necessary for learning.

Let Monkeynastix® take your child on a journey of discovery that will not only shape the body, but wire the mind for academic success.



PROGRAM FOR CHILDREN AGED 1 - 8



monkeynastix®

movement education **4** healthy living

WINTER 2012

Register Now at the
Recreation Kiosk
in the Buell Gym

T-shirt Included With
EVERY Registration!

Monkeynastix®

Striving to develop confidence and a positive self image, Monkeynastix® will challenge your child while developing strength and flexibility, cardiovascular fitness, gross and fine motor skills, balance and co-ordination, eye hand and eye foot co-ordination and speed and agility. More information on the programme can be found at www.monkeynastix.ca.



Classes

1 - 2 Year Olds (Parent Participation)

TIME: 9:00 - 9:30 am
DAY: Saturdays
START: Saturday, January 21, 2012
END: Saturday, March 31, 2012
DURATION: 10 Weeks
NO CLASS: Saturday, March 10, 2012

2 - 3 Year Olds

TIME: 9:45 - 10:15 am
DAY: Saturdays
START: Saturday, January 21, 2012
END: Saturday, March 31, 2012
DURATION: 10 Weeks
NO CLASS: Saturday, March 10, 2012

4 - 5 Year Olds

TIME: 10:30 - 11:00 am
DAY: Saturdays
START: Saturday, January 21, 2012
END: Saturday, March 31, 2012
DURATION: 10 Weeks
NO CLASS: Saturday, March 10, 2012

6 - 8 Year Olds

TIME: 11:15 - 11:45 am
DAY: Saturdays
START: Saturday, January 21, 2012
END: Saturday, March 31, 2012
DURATION: 10 Weeks
NO CLASS: Saturday, March 10, 2012

Cost

Defence Team Members: \$110.00 + HST
Associates: \$134.00 + HST

Includes: Monkeynastix® T-shirt (Handed Out First Class)

Classes are conducted at the Buell Fitness and Aquatic Centre's Multi Purpose Room.

Registration Form

Child's Name: _____

Sex: Male Female

Age: _____

Birth date: _____

Month/day/year

Home Phone Number: _____

Address: _____

Postal Code: _____

DTM Associate

Parent/Guardian Name: _____

Section: _____

Work Number: _____

Mobile Phone Number: _____

Email: _____

Additional Health Information

Please state and physical or behavioural challenges that may be useful to the staff.

Authorization

I understand that in registering my child for Monkeynastix®, he/she will be involved in physical activities and with any physical activity; there is risk of injury. In the event of an emergency, I authorize the physician in the emergency care facility selected by the staff to secure proper treatment for the child named above. I give my permission for my child's photo to be used for publicity purposes.

Signature of Parent/Guardian

Signature

Date