

Adult Special Needs Martial Arts and Recreation 16 Week Day Program



NEW TO WELLAND! Adapted and Inclusive Station Based Martial Arts and Recreation Program

Program includes goju ryu and shoringi ryu martial arts; art focused rec (Visual arts, drama, music, dance); physical recreation (obstacle courses, games, parkour, gymnastics); outdoor adventure, hiking, and more.

The Program is tailored to the needs and interests of participants and Instructors are **Adapted Physical Activity Specialists**. Register today to assist us in assuring we have sufficient instructors.

FREE TRIAL TUES SEPT 12th, 19th, 26th

Program from October 2nd - February 26th r5th
Time: 10 am- 12pm

Week 1-4 Martial Arts: Basic Fundamentals
Artists Focus: Mixed Media
Physical Recreation:
Outdoor Adventure (hiking (on flat terrain) water filtration)

Week 5-8 Martial Arts: Free sparring, point and flag sparring
Artists Focus: Exploring Paint
Physical Recreation:
Music and movement (choreographed movement phrases)

Week 9-12 Martial Arts: Kata development (Taikyoko shodan)
Artists Focus: Sculpting (mache, plastecine, playdo)
Physical Recreation:
Gymnastics partner sequences (balance and levels)

Week 13-16 Martial Arts: Preparation for tournament, and belt certification
Artists Focus: Stage development
Physical Recreation:
Culmination (martial arts, dance, gymnastics demo prep)

To register contact Steffannie at 905-359-9669, experiencepa@gmail.com

www.exphysicalactivity.ca

www.facebook.com/ExperiencePhysicalActivity

<https://twitter.com/ExperiencePA>

OTHER SERVICES

- Summer camps for kids
- PA day camps
- Physical activity workshops for all occasions and populations (social and wellness events, team building, self-defense, recreation, education, birthdays etc)
- Tai Chi (St. Cath and Welland Location)
- MMA, Karate, Iado, Kendo, Kick Boxing



16 weeks for 480+Tax
Can be broken into monthly payments
Program starts Oct 2nd and runs until Feb 26th
All students pay annual 45\$ zbbk membership fee

* Please send registration form to experiencepa@gmail.com

Name of Participant: _____ Participant DoB _____

Name of Guardian(s): _____ Email: _____

Medical Alerts: _____ Health Card # _____

Phone # _____ 2nd # _____

Emergency Contact Name & Number: _____

Payment made by cash, check or email transfer. Make check payable to experience physical activity, and email transfer to experiencepa@gmail.com.

I hereby release Steffannie Hancharyk and 'Experience Physical Activity' and all of its employees and volunteers from all responsibility and liability whatsoever from injuries, losses, and/or damages sustained by the above named participant arising out of his/her association with 'Experience Physical Activity.' I also understand that, in the event of an emergency, the participant's health card must be accessible.

I agree () I disagree ()

I give permission for photos to be taken for marketing purposes.

I agree () I disagree ()

Signature of Participant or Parent/Guardian:

_____ **Date:** _____ (If applicable please fill out our personal strengths / needs and goals questionnaire)

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