

Sleep Well

The average person needs seven to nine hours of sleep per night. Yet more than 50 percent of us get less than seven hours. Are stress, pain, poor habits, or just too much to do keeping you up at night?

Consistent good sleep is essential to your health. While you're asleep important activities are happening that result in improved tissue healing, reduced pain sensitivity, appetite regulation, mental clarity, and emotional stability to name just a few. But sleeping well is easier said than done. "Healthy sleep just like healthy exercise takes practice before you manage to do it right," says Healing Bridge Physical Therapy owner Allison Suran, who leads the workshop. "But you can't practice what you don't know."

Isn't it time you figured out how to get the rest you need? Learn simple sleep and relaxation techniques that you can start using today to help restore your natural, peaceful sleep patterns.

The "Sleep Well" workshops will be held at the Bend Senior Center on Tuesdays, February 14, 21, and 28 from 5:30 p.m. to 7 p.m. Bring pads and pillows to lie on for practice sessions.

Cost \$32 In-District, \$43 Out-of-District.

See back of this release for registration details (through Bend Park and Recreation District). Advance registration required. Registration available on-line, mail-in or walk-in. Phone registration (available if online is not possible.)

Bend Senior Center

1600 SE Reed Market Road Bend, OR 97702



(541) 318-7041
404 Northeast Penn Ave.
Bend, OR 97701

"Sleep Well" Workshops **Tuesdays - Feb 14, 21 and 28 at 5:30**

During three 1 1/2-hour sessions, you will learn these Sounder Sleep System® techniques:

(Sounder Sleep System® is a Registered Trademark and DayTamer™ and Mini-Move™ are trademarks of Michael Krugman):

1 **DayTamers™** teach you how to relax for short periods during the day. These seated time-outs help your body to enter a more relaxed or less stimulated state of reduced physical and mental activation, during which your blood pressure, heart rate, muscle tone, oxygen consumption, core body temperature and cerebral processing all decline. This prepares your body for sounder sleep at night. These time-outs will also help to reduce your stress level during the day, enhancing your feeling of well-being.

2 **Guided Natural Breathing** restores your breath's natural rhythm, which has been disturbed by stress and the fast-pace of today's life. Unlike conventional breathing exercises, you don't have to consciously try to control your breathing (which is sure to keep you up). You'll learn how to tap into your body's natural breathing patterns, which then also helps balance the body's other processes (such as stress levels, emotional stability & mental acuity).

3 **Night Tamers™** help you get to sleep. It may seem counterintuitive that movement could help you nod off. But these small, almost imperceptible movements—or MiniMoves™—coordinate with the rhythm of your breath to soothe the nervous system and calm the mind and body. They not only facilitate falling asleep initially, they help you go back to sleep should you awaken during the night, thereby rescuing you from a bad night's sleep.

"These proven sleep and relaxation techniques will help you learn how to quiet your mind, so you can get the rest you need at night and feel better during the day."

Allison Suran, Healing Bridge Physical Therapy owner

**The best way to register is online.
It is fast, easy, real-time and has no extra fee.
Go to <https://register.bendparksandrec.org>**

If you want to register by mail please be aware that mail registrations are processed last. You can use this form for limited programs except: JSFC Swim lessons, Youth & Adult Sports leagues and Kids Inc./Kindergarten Care.

**Bend Park & Recreation District • 799 SW Columbia Street, Bend, OR 97702
(541) 389-7275 • www.bendparksandrec.org**

Household Information

Primary Guardian

Last _____ First _____ MI _____ Date of Birth _____
Address _____
City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

Second Guardian

Last _____ First _____ MI _____ Date of Birth _____
Address _____
City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

Children

1.Name _____ Date of Birth _____ Male Female
2.Name _____ Date of Birth _____ Male Female
3.Name _____ Date of Birth _____ Male Female
4.Name _____ Date of Birth _____ Male Female
5.Name _____ Date of Birth _____ Male Female

Activity #	Participant Name	Birthdate	Activity name	Activity Fee

Check here if you want an assessment team to contact you about disability accommodations.

INFORMED CONSENT/PARTICIPANT RELEASE

"I, the participant or the parent/guardian of the above named participant understand the possibility of injuries resulting from the activities indicated above or other activities sponsored by the Bend Park and Recreation District ("District"). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless the District and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities. In case of personal injury to participant, I hereby waive any and all claims against the District, its directors, employees and agents. I understand there is no insurance coverage provided by District for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby release from liability and waive any and all claims against any person who, on behalf of District, is involved in the transportation of participant in connection with District activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician. I agree that the District may use, reproduce, disclose and distribute participant's name and/or likeness for District marketing purposes. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the District is relying on such acceptance in permitting participant to engage in District activities."

Would you like to make a donation to the Recreation Scholarship Fund?

SCHOLARSHIP DONATION:

Make Check(s) or Money Orders
Payable To: "BPRD"

TOTAL FEES _____

MONEY ORDER
 CHECK # _____

RECEIVED BY: _____

Participant or Parent/Guardian Signature _____ Date _____