

SPRING 2024 / ADULT 60+

Village of Croton-on-Hudson Recreation & Parks Department

# Brain Health 101: Preventing Cognitive Decline Workshop

Our brains provide us with amazing imaginations, house our happiest memories, alert our other organs to do their jobs, and enable us to learn, laugh and enjoy our lives. Taking the best care of our brains is imperative to ensure we keep them healthy as we age. Join health coach Myra Oney for this free one-hour workshop that explores the common causes of cognitive decline and the easy steps you can take now to make a lasting impact on your brain health. This workshop is ideal for both middle aged and older adults.

**Date:** Saturday, May 11, 2024  
**Time:** 10:00AM-11:00AM  
**Location:** Municipal Building Community Room  
**Fee:** Free, But Pre-Registration by April 26 Requested  
**Instructor:** Myra Oney, Sharp Again



**Questions?** Call (914) 271-5804 or visit [www.crotononhudson-ny.gov/recreation-parks](http://www.crotononhudson-ny.gov/recreation-parks).

## SPRING 2024 \* BRAIN HEALTH \* Act # 3057-1

Register Online at [www.crotononhudson-ny.gov/seniors](http://www.crotononhudson-ny.gov/seniors) or mail form or drop off to:  
Croton Recreation Dept., One Van Wyck St., Croton NY 10520

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Name & Phone #: \_\_\_\_\_

I hereby grant the Village of Croton on Hudson permission to use my likeness in photograph(s) in any publications or publicity materials (including but not limited to books, newsletters, videos and internet use), in perpetuity. If I do not want pictures or videos to be used as described above, check here:

I hereby recognize that there are inherent risks involved with participation in this program, and agree to release and hold harmless the Village of Croton-on-Hudson, their employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation. In the event of injury, I hereby give permission person, named above, to be transported to a hospital for treatment to include evaluation of the injury, x-rays, and needed medical care I agree to indemnify and hold harmless the Village of Croton on Hudson for any damages or injuries.

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