

**MEMORY AND MENTAL FITNESS:
MENTAL AEROBICS**
Spring 2010

INSTRUCTOR: Hope Levy, MA
DEPARTMENT: Older Adults Department
LOCATION: San Francisco Public Library-Main Branch
TIME: Mondays 1:30 – 3:30 PM
May 25-May 25, 2010
(No class May 15 and March. 29)

COURSE DESCRIPTION

The brain is like any muscle in the body. The old saying “use it or lose it” really does apply. In this very social class you will exercise your brain in fun, challenging, and creative ways to maintain and improve your cognitive vitality and your memory. This course is appropriate both as a next step for those who have previously attended a Memory and Mental Fitness Programs, Mental Aerobics classes as well as for first-timers.

Methodology: Each class will consist of a variety of activities designed to challenge participants, thus resulting in a stronger network of neurons, and improved brain function. Activities will include brainteasers, logic problems, word and number puzzles, creative and critical thinking games and more. You are encouraged to bring in brain challenges that you come across on your own to share with the class.

It is important to recognize that the greatest benefit is derived through the effort involved in engaging in the activities presented, whether or not the solution is attained. Also, similar to a physical exercise classes, there is added benefit in doing these activities in a group setting.

We will also spend time tackling everyday memory challenges, such as remembering names, and conquering “tip-of-the-tongue syndrome,” as well as discussing the latest news related to brain fitness.

COURSE MATERIALS

No texts are required for the course. A list of resources will be provided. Throughout the course handouts will be distributed.

SEE REVERSE SIDE FOR REGISTRATION INSTRUCTIONS→

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**HOW TO COMPLETE
NON-CREDIT REGISTRATION AND COURSE ENROLLMENT FORM**

Semester you are applying for? **Fall 2009**

Campus you would like to attend? **Ocean (O)**

1. IDENTIFICATION

All information in this section is mandatory, except the first five digits of your social security number, which you should leave blank. **Only the last four digits of your social security number** are required. Do not forget to fill in your **birth date**.

Areas 2 through 8 are voluntary:

- 2. ETHNICITY
- 3. BACKGROUND
- 4. EDUCATION
- 5. EMERGENCY CONTACT
- 6. NON-DISCRIMINATION
- 7. INFORMATION RELEASE
- 8. INSTITUTIONAL FUNDING INFORMATION

9. STUDENT'S SIGNATURE You **must** sign the form.

10. ENROLLMENT: (fill in as follows)

| CRN | Subject | Course | Days | Times | Course Title | Instructor's Name |
|-------|---------|--------|------|-----------|---------------------------|-------------------|
| 44344 | OLAD | 7211 | M | 1:30-3:30 | Memory and Mental Fitness | Hope Levy |