



ANDERSON TOWNSHIP PARK DISTRICT

Yoga Care (Basics), adult

Register in advance. Hatha Yoga: A class designed for those wanting yoga benefits at a slower yet effective pace. Focusing on breathe, movement and balance. Yoga poses will include modifications, for those where range of motion is an issue.

Please bring a yoga mat and wear comfortable clothing to move in. Props will be available.

Instructor: Cheri Dean, Certified Yogafit Instructor: Level 1,2,3, Senior and Pilatesfit.

Winter Session 1: Tuesdays, Jan 10 – Feb 14 (*no yoga 1/31*) **Session 1 Price:** \$40 Resident; \$50 Non-Resident

Winter Session 2: Tuesdays, February 21 – March 27 **Session 2 Price:** \$48 Resident; \$58 Non-Resident

Time: 9:30am – 10:30am **Location:** Beech Acres Park RecPlex

Questions? (513) 388-4513 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

Yoga Care (Basics) - Winter 2012

Participant's Name _____ Birthdate ___/___/___ Email _____

Parent's Name (if applicable) _____ Phone (h) _____ (c) _____

Address _____ City _____ State _____ Zip _____

List any allergies, medical conditions, or any medications _____

Emergency Contact Name (different from above) _____ Phone _____

Select Session: ___ Session 1(\$40 Res, \$50 Non-res) ___ Session 2(\$48 Res, \$58 Non-res) **Total Due: \$** _____

Office Use Only:

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*.

The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant Name _____ Signature _____ Date _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____