



# ANDERSON TOWNSHIP PARK DISTRICT

## Yoga Care + (Plus), adult

**Register in advance.** Hatha Yoga: This next level of yoga is designed to give the benefits of yoga at a gentle pace. Class will build upon the foundation of Yoga Care. Additional poses will be included to enhance yoga skills and body awareness. Both yoga classes may be taken. Please bring yoga mat and wear comfortable clothes to practice.

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

**Spring Session 1:** Thursdays, April 12 – May 3

**Time:** 9:30am – 10:30am

**Spring Session 2:** Thursdays, May 10 – May 31

**Time:** 9:30am – 10:30am

**Price per Session:** \$32 Anderson Resident; \$42 Non-Res

**Location:** Beech Acres Park RecPlex

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

### Yoga Care (Plus) - Spring 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 \_\_\_\_\_

Spring Session: \_\_\_ Session 1 \_\_\_ Session 2

Price: \_\_\_ \$32 Anderson Resident \_\_\_ \$42 Non-Resident **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 \_\_\_\_\_