

# BYRON PARK DISTRICT HATHA YOGA

Experience the benefits of the ancient science of Hatha Yoga at the Byron Park District. This class will be a mixed level Hatha Yoga for beginners to intermediate level students, both males and females. Yoga promotes good health, tones muscles, and aids in increasing flexibility and stamina as well as decreasing stress levels. Breathing techniques will be covered along with a relaxation time at the end of each class. Come and learn to relax the body and mind!!

*\*Bring your own mat, 2 yoga blocks, a yoga strap, a blanket and/or towel, and a water bottle.*

**AGES:** Anyone, 12 years and older

**MIN./MAX.:** 8/20

<b><u>CODE</u></b>	<b><u>DAY</u></b>	<b><u>DATES</u></b>	<b><u>TIME</u></b>	<b><u>FEE</u></b>
220530-A2	Mondays	1/9-2/27/12	5:30 - 7:00 p.m.	\$54 res./\$58 nr.

**\*Note:** Discount available for those registered for both the Yoga & the Yoyalates Class within the same session.

**LOCATION:** Byron P.E. Center Aerobics Room

**INSTRUCTOR:** Barbara Cooling, Certified Yoga Instructor

**REGISTRATION DEADLINE:** Monday, January 2nd



Byron Park District

www.byronparkdistrict.com

Winter 2012

**HATHA YOGA PROGRAM**

220530-A2

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**OFFICE USE ONLY:** Rec.'d By: \_\_\_\_\_ Amt. Pd.: \$ \_\_\_\_\_ Pymt. Type: Cash

Check # \_\_\_\_\_ CC Type: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

**RELEASE OF LIABILITY STATEMENT**

In consideration of me (or my child/ward) being allowed to enroll in this course(s), I hereby personally assume all risks in connection with this activity and I release the instructors, supervisors, owners and the Byron Park District for any injury or damage and further I save and hold harmless the instructors, supervisors, owners and the Byron Park District from any claim by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation.

I have read and fully understand the above program details and waiver release of all claims.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

**\*\* All new participants must also complete a health history questionnaire \*\***

BYRON PARK DISTRICT P.O. BOX 423 BYRON, IL 61010 234-8435