



# YOGALATES CLASS

Get fit with this spectacular hit...this class is a great blend of exercises combining ancient spiritual practices of Yoga with modern conditioning techniques of Pilates. Participants will enjoy the benefits of both disciplines in developing core strength, toning muscles, increasing flexibility and stability and reducing stress. Combining the focus of these two types of exercise systems is an ideal way to transform your body while improving posture, increasing energy levels and enhancing mental focus. Join us for the benefits of this unique class and enhance your overall well-being of the body and spirit.



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

**AGES:** Anyone, HS and older

**MIN./MAX.:** 8/16

<u>CODE</u>	<u>DAY</u>	<u>DATES</u>	<u>TIME</u>	<u>FEE</u>
220540-A2	Thursdays	1/12-3/1/12	4:30-5:30 p.m.	\$50 res./\$54 nr.
320540-A3	Thursdays	3/15-5/3/12	4:30-5:30 p.m.	\$50 res./\$54 nr.
320540-A4	Thursdays	5/17-7/12/12 (No 7/5)	4:30-5:30 p.m.	\$50 res./\$54 nr.

\*Register for both Yoga & Yogalates in Same Session and pay discounted price \$84/\$92

**LOCATION:** Mary Morgan Elementary Music Room

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

**REGISTRATION DEADLINES:** Monday 1/2, 2/27, 5/7

Byron Park District

www.byronparkdistrict.com

Jan—July 2012

**YOGALATES**

**\$50/\$54**

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

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

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

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

Circle Session: Session I 1/12—3/1    Session II 3/15-5/3    Session III: 5/17—7/12

<b>OFFICE USE ONLY:</b>	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 \*\***