

ADULT YOGA REGISTRATION FORM

MONDAY'S (7:45PM – 9PM)

Participants must be: Middlesex Borough residents, 18 years of age or older and post high school

This program is offered on Monday evenings for eight weeks. Participants will meet at Beechwood Firehouse. The cost of the program is \$60.00. The Recreation Dept. accepts cash or personal checks made out to "Middlesex Recreation Dept." Forms must be turned into the Recreation Dept., as the instructor cannot take forms or payment.

This class will cover psycho-physical exercises as well as deep breathing exercises with the following benefits: improved spinal flexibility and muscle elasticity, ease of suppressed mental tensions and emotions, transformations of unbalanced and diseased energy into relaxed creative and focused energy, improved blood circulation and blood oxygenation, improved vitality, endurance, and strength and weight control. Avoid eating 30 minutes prior to class.

Each participant will need their own mat or towel, pen and notepad. Please wear loose clothing. The program is limited to the first 18 registrants. A minimum of 12 participants must be registered in order to have the class.

SESSION DATES ARE: Sept. 15, 22, 29, Oct. 6, 20, 27, Nov. 3, 10

Please fill out the registration form below and return with payment to the Recreation Dept. Keep top portion for your reference

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Name _____ Phone # _____

Address _____ Cell Ph.# _____

Email Address (*PRINT* clearly) _____

Emerg. Contact _____ Ph # _____ H / C / W

By signing this form, I desire to engage voluntarily in this exercise program being offered by the Middlesex Recreation Department.

In consideration of my participation in the exercise classes, I do hereby agree to hold free from any and all liability, the exercise instructors, the sponsoring organization, or the Borough of Middlesex, and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of/or connected with my participation.

Dates during which release is granted – FROM: September 2008 TO: December 2008

In your best interest, we recommend that you have your physician give approval for you to be a participant in this class.

participant's signature

date

DO NOT WRITE IN BOX / For Office Use Only
September 2008 Yoga Session

DATE RCV'D: _____

RECEIPT# _____