



Anderson Park District

Yoga Care, age 18 years and up

This hatha yoga class is designed for those who want a gentle approach to yoga. Participants use poses that provide stretching and flexibility, resulting in an increased range of motion, easing of muscle tightness, and overall mind and body connection. Additional poses will be introduced to enhance yoga skills and body awareness. Participants should wear comfortable clothing and bring a water bottle. Please bring a yoga mat, block, strap/band and towel long enough to fold a couple times. This class is taught by Cheri Dean, a Yoga instructor with 15 years of experience. Anderson Parks will follow health and safety practices recommended by the Centers for Disease Control, the Ohio Department of Health and Hamilton County Public Health at our activities. Recommendations include unvaccinated individuals wearing masks while indoors. **Register in advance; space is limited.**

Class Dates: Tuesdays, September 14, 21, 28, October 5, 12, 19, 26, November 2, 9, 16, 30, December 7

Time: 9-10 a.m.

Price per date: \$10 per resident, \$15 per non-resident (*individual date registration*)

Place: Anderson Parks RecPlex, 6915 Beechmont Ave.

Questions: (513) 388-5082

Yoga Care Registration ~ Fall 2021

Participant's Name _____ Birthdate ____/____/____ Gender _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ (c) _____ E-mail _____

Medical Concerns: allergies, conditions, medications: _____

Emergency Contact Name / Relationship: _____ Phone: _____

Dates: ___ Sept 14 ___ Sept 21 ___ Sept 28 ___ Oct 5 ___ Oct 12 ___ Oct 19

 ___ Oct 26 ___ Nov 2 ___ Nov 9 ___ Nov 16 ___ Nov 30 ___ Dec 7

Price: ___ \$10/date resident ___ \$15/date non-resident **Total Due: \$** _____

Office Use Only: Date/Time _____ Total Paid \$ _____ Cash ___ CC ___ Check # _____ Ck Name _____ Staff _____

Make checks payable and return to: Anderson Park District, Anderson Parks 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 APD may cancel or alter programs pending registration numbers.

RELEASE OF LIABILITY & AUTHORIZATION: I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Township Park District dba Anderson Park District ("APD") activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby agree to release, hold harmless, and indemnify: the APD; Forest Hills Local School District; Anderson Township; and Anderson Foundation for Parks & Recreation; and their respective Boards, employees, agents, assigns, independent service providers, sponsors, and volunteers from all responsibility in the event of accident, injury, or illness associated with participation in this activity. I hereby acknowledge the APD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet" and "Lindsay's Law-Sudden Cardiac Arrest information", via www.andersonparks.com and at the Anderson Parks RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230.

By signing this registration, I agree to abide by the APD's health and safety participation requirements. I agree to the APD's Program Registration Information and Refund Policy. In consideration of my and/or my child's participation in this APD activity/program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the APD. Furthermore, I authorize the APD to use my e-mail address to send me APD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information concerning participation in the APD activity for which I am registering myself and/or my child.

Participant (Parent/Guardian) Name _____ Signature _____ Date _____

Visa _____ MasterCard _____ Discover _____ Amex _____ Card # _____

Security Code (BACK of Card) _____ Exp. Date _____ Name on Card _____