###

***Kripalu YOGA (as low as $5.83 per class).***

**AM or PM Program – Spring 2017 (12 or 24 Classes) $10.00 WALK IN**

Yoga is a gentle form of physical fitness that applies to people of all ages. It is one of the oldest practices, stressing the importance of the mind/body connection. No prior experience or particular level of fitness is necessary. The exercises used in this course serve to teach beginners to intermediate levels of Yoga in an easy-to-follow manner of breathing, stretching and relaxation. Improve your physical and mental well being.

**OPEN TO: ADULTS & Teens (15 years and older)**

**WHERE: PM-Roseland – United Methodist Church – 144 Eagle Rock Ave, Roseland, NJ**

 **AM – Memorial Hall -15 N. Livingston Ave. (back door) Next to Karig’s Hardware**

**WHEN: Monday and/or Wednesday mornings or evenings–March 27 through June 21, 2017**

**TIME: 9:00 a.m. to 10:15 a.m. (Livingston) – 7:30 PM Mondays, 7:00 PM Wednesdays (Roseland)**

 **No class on Memorial Day – Monday, May 29. – June 21st extra day bonus day for all**

**INSTRUCTOR: Susan Helmstetter, Kripalu Certified 500 hrs - 973-535-9709 -** **shelmstetter4@aol.com**

**REGISTRATION FEE: (One Day) – $102.00 (Two Day) - $140.00 (3 months) $10.00 walk-in.**

**You can start anytime – classes will be pro-rated from start date.**

**Make checks payable and mail to: Susan Helmstetter, 226 West Mt. Pleasant Avenue, Livingston, NJ 07039**

##### PLEASE NOTE: ALL PARTICIPANTS SHOULD WEAR YOGA ATTIRE AND BRING A PERSONAL MAT

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**ONE FORM PER PARTICIPANT Detach Here**

 (**Circle Time & Day**) **Spring 2017** **AM or PM** – **One** **Day or** **Two Days** \_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

 (**Mon or Wed**) Cash Check No. Amount Date Rec’d.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_

 Street/PO Box Town State Zip

Home Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any health condition(s)? No \_\_\_\_\_\_ Yes \_\_\_\_\_\_

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SUSAN HELMSTETTER RECOMMENDS THE DISCLOSURE OF RELEVANT HEALTH INFORMATION. ADULT’S SIGNATURE ALLOWING PARTICIPATION AND WAIVING CLAIMS THAT MAY RESULT FROM INJURY DUE TO YOGA ACTIVITY.

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 SIGNATURE DATE.