

Stillwater Area Community Services Center Inc.

Box 536 19 Palmer Street, Stillwater NY, 12170

Phone 518-664-2515: Fax 518-664-3590

www.stillwaterareacommunitycenter.org

YOGA with Susan

For Adults, Starting March 5, 2012

Mondays, 9:30-10:30 a.m., Wednesdays 7:00-8:00 p.m.

& Saturdays 8:00-9:00 a.m.

Class Registration Form

Last Name: _____ First Name: _____

Mailing and Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Registration for a walk-in is \$10.00. A 6-class card is \$48.00. Make checks payable to 'SACC'.

Name and phone number of an emergency contact: _____

What is your Yoga level: Beginner _____ Intermediate: _____ Advanced: _____

How did you hear about this program? _____

In which classes are you interested? (for planning purposes – you can change classes as you like)

____ **Mondays - 9:30-10:30 a.m.** - Vinyasa flow class, open to all levels

____ **Wednesdays - 7:00-8:00 p.m.** – gentle, slower-paced class, open to all levels

____ **Saturdays - 8:00-9:00 a.m.,** Vinyasa flow class, open to all levels

Participation in yoga may result in serious injuries, and protective equipment does not always prevent injuries. As consideration for being permitted to participate in activities sponsored by SACC and/or using equipment of said organization, each participant agrees to assume all liability for injury and/or damage resulting from such participation. Each participant further agrees to hold SACC and the Town of Stillwater free and harmless on account of any act of omission or commission or negligence on the part of said organizations or its officers, agents, volunteers, instructors, or representatives.

Signature _____ **Date:** _____

Office use only

Fee Paid: Cash \$ _____ Check # _____ Date Paid: _____