

GREENE COUNTY DEPARTMENT OF PARKS AND RECREATION



Yes You Can! Yoga for Beginners

Beginning Thursday, January 5th, 2017

Ruckersville Elementary School Cafeteria 7:00p.m.—8:00p.m.

\$55

If you've ever wanted to try yoga but thought "I can't because ____" then come to this class and learn that Yes You Can! Perfect for beginners, people in large, stiff, or inflexible bodies, and anyone looking for a slow, gentle class. We work on movement, flexibility, and breath with no expectations, no judgements! This class is taught by Karen Barker, registered teacher with Yoga Alliance certified in Curvy Yoga and Yoga For All. Please wear comfortable clothing that allows for movement, and bring a yoga mat or large beach towel, if you have one.

Session begins January 5th and will meet every Thursday evening for ten weeks.

Registration deadline December 22, 2016.

GREENE COUNTY PARKS AND RECREATION P.O. Box 358 Stanardsville, VA 22973 PHONE: 434-985-5226 YES YOU CAN! BEGINNER YOGA PARTICIPANT REGISTRATION FORM			
Participant Name _____ Email Address _____ Home Phone _____ Work Phone _____ Mailing Address _____ City _____ Zip _____ Start Date <u>01/05/17</u> Fee <u>\$55</u>			
<small>The Greene County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Greene County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.</small>			
_____ Signature Parent/Participant	_____ Print Name Parent/Participant	_____ Date	