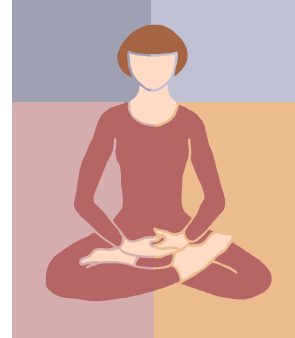




204 E. Muskegon  
616-696-7320

Cedar Springs, MI 49319  
www.csaparksandrec.com



**OFFERS CLASSES OF**

# **PRENATAL YOGA**

**A NEW CLASS TO HELP PREGNANT WOMEN STAY ACTIVE  
THROUGHOUT THEIR PREGNANCY**

**YOUR INSTRUCTOR IS CHELIE SIMMONS**  
A certified instructor by YogaFit.

**WHEN:            WEDNESDAYS 6:00-7:00 PM**

***OFFERED WINTER SESSION 2 (JANUARY 11-FEBRUARY 11)***

Make ups for cancelled classes are Feb. 15 and Feb. 18 (if necessary)

***AND WINTER SESSION 3 (FEBRUARY 22-MARCH 25)***

Make ups for cancelled classes are March 29 and April 1 (if necessary)

**WHERE:            CEDAR SPRINGS MIDDLE SCHOOL**

**YOU SHOULD BRING WITH YOU A PILLOW, A BLANKET AND A YOGA MAT  
SOME MATS ARE AVAILABLE FOR FIRST COME PARTICIPANTS**

**COST:            \$ 30.00 FOR 5 CLASSES IN ONE SESSION  
\$8 PER INDIVIDUAL CLASS**

CHECKS CAN BE MADE PAYABLE TO "CSAPR"

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night-time Phone: \_\_\_\_\_

Name of township/city of residence: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How do you hear about CSAPR Program? \_\_\_\_\_

*-I am aware of the possibility of injuries that exist with the participation in all recreational programs. I understand the Cedar Springs Area Parks & Recreation Dept., Cedar Springs Public Schools, and the instructors are NOT responsible for injuries that may occur during camps, clinics, and programs or for personal items brought to the programs.*

*-I have seen the weather policy and the refund and exchange policy and understand them.*

Participant's signature : \_\_\_\_\_ Date: \_\_\_\_\_



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**THROUGHOUT THEIR PREGNANCY**

PRENATAL YOGA  
Physician Consent Form

(Please have your doctor, midwife, or their designee sign this form.)

Participant Name: \_\_\_\_\_

I understand that my patient, \_\_\_\_\_

Is enrolled as a student and will be doing yoga classes for the remainder of her pregnancy or until I recommend she no longer participate.

I know of no contraindication to her participation in such classes at this time. I will notify the student and the instructor should any arise.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_