



**OFFERS CLASSES OF
YOGA
A CLASS FOR ALL ABILITIES**

YOUR INSTRUCTOR IS CHELIE SIMMONS

**WHEN: MONDAYS AND/OR WEDNESDAYS
7:30-8:30 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
SOME MATS ARE AVAILABLE FOR FIRST COME PARTICIPANTS**

**COST: \$ 30.00 FOR 5 CLASSES IN ONE SESSION
\$50 FOR ALL CLASSES IN A SESSION or \$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 (18 and older): _____ Date: _____

Parent's signature (For those 18 and younger): _____ Date: _____