



**OFFERS**

# **YOGA FOR YOUTH**

**A NEW CLASS FOR THE YOUTH TO STAY FIT**

**YOUR INSTRUCTOR IS CHELIE SIMMONS**

**WHEN:            MONDAYS 6:30-7:00 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**

**SOME MATS ARE AVAILABLE FOR FIRST COME PARTICIPANTS**

**COST:            \$ 20.00 FOR 5 CLASSES IN ONE SESSION**

**\$6 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:** \_\_\_\_\_