YOGA WITH ALEXANDRA

NOVEMBER 20TH – DECEMBER 19TH 2017

SLOW FLOW YOGA
Enjoy sustained stretches to release and relax the body and mind combined with dynamic, slow-flow poses to create strength and balance. Each class will incorporate breath work and finish with Savasana, the final relaxation pose. This is both a mat-based and standing class. No yoga experience is necessary, but participants should be comfortable moving between the floor and standing. Props and instruction are provided. Please refrain from eating within two hours prior to class. Pre-registration is required.

SEATED YOGA FOR ALL
Offered in a seated format, traditional yoga class provides the participant specific instructions in the use of props and modifications for poses. There is also the provision of unconditional respect & positive support for the person as they learn how to listen to their body and find their personal path to balance between the mind-body-spirit. Participants must be able to independently perform yoga movements or bring along an aide/companion to assist them. Pre-registration is required.
Yoga with Alexandra

REGISTRATION - Yoga with Alexandra

PLEASE CHECK OFF YOUR CLASS CHOICE(S) BELOW...

- [ ] Monday Slow Flow
  5:30 - 6:30PM
  Nov. 20th – Dec. 18th
  (5 classes)
  Member $55/Non- $65
  Drop In - $15

- [ ] Tuesday Seated Yoga
  3:30-4:30PM
  Nov. 21st – Dec. 19th
  (5 classes)
  Member $55/Non- $65
  Drop In - $15

- [ ] Fall Workshops
  See alt. flyer for details

Name ______________________________________________________ (Adult Fitness Center Member no address needed)

Address __________________________________________________

Phone ____________________________

City ____________________________ State _________ Zip __________

Email: __________________________________________________________

Returning Student? YES / NO

Session Dues: Sessions may be purchased in the quantities and prices listed. Dues will be collected before participation for the full price of the session or on a per-class drop in basis. Session payments are non-refundable unless in the case of illness, death or client relocation of more than 25 miles away. Clients will not be refunded for classes that are missed during the session. In the case of cancelation due to inclement weather, a makeup class will be offered. Payment is accepted by Credit or Check made out to The Fitness Center at Burke. This registration flier and payment by check may be mailed to the following address or dropped at the Fitness Center at Burke located in the “billings” building.

*Courses are dependent on sufficient enrollment. If classes are canceled, fees will be refunded*

Kathleen Siegel
Burke Rehabilitation Hospital
785 Mamaroneck Ave.
White Plains NY 10605

Yoga Class Liability Waiver - All Participants Must Sign

I realize there is some risk associated with participation in any physical exercise such as injury to muscles, ligaments, tendons and abnormalities of the circulatory system, dizziness and in rare instances loss of consciousness. I am willing to assume such risk.

In consideration of my participation in a yoga class sponsored by The Burke Rehabilitation Hospital, I hereby release an hold harmless my instructor, and The Burke Rehabilitation Hospital, its employees, subsidiaries, affiliates, offices, directors and/or representatives from and against any and all lost cost or expense, (including attorneys fees) of any nature whatsoever, now or in the future, arising from my participation in this program including but not limited to liability related to the injuries listed above, however caused, whether they occur during or after my participation in this program. I hereby affirm that I have read and fully understand the above, and that my signing of this waiver is knowing and voluntary.

Signed ____________________________ Date: _______________________

Please provide your payment information:

Payment information: We accept Visa/MasterCard/American Express

- [ ] Credit Card
- [ ] Check for full Amount

Explanation of Payment: ___________________________________________