Blue Mountain Recreation Commission

Chair YOGA

STARTS: January 8th-February 19th

DATES: January 8th through February 19th – 6 Week Program (***No Class February 12th***)
DAYS: Wednesday mornings
TIMES: 10:00 a.m. – 11:00a.m.
AGES: 18 years of age and older
WHERE: Blue Mountain Recreation Commission Office/Rear Field
Located behind East Elementary at 669 Red Dale Rd. Orwigsburg, Pa 17961
COST: $20 Blue Mountain Residents
$25 Non-Residents

INFORMATION: Chair yoga is designed to be a low impact exercise, where participants will use a chair for balance and support. Utilizing bodyweight as a guide, we will bend, stretch, and sweat to some fun upbeat music! Postures will consist of sitting on the chair or standing near it. Participants will not be laying on the floor. There will be a brief meditation after each session. Meditation is a fantastic source of stress relief that anyone can practice anytime!

REQUIRED ATTIRE: Participants must wear appropriate clothing each week. Shorts/ pants, T-shirts, socks and sneakers would best suit the participants. The Recreation Commission runs its programs under the safest possible conditions. Participants are urged to carry some type of medical coverage, in the event of accident. Classes will run up to six weeks. Bringing a water bottle is recommended.

YOU MUST REGISTER IN ADVANCE!! You may register online or slips must be returned to the Recreation Office By – Friday, January 3rd

Please Note: The Blue Mountain Recreation Commission does not refund registration fees.

Registration Deadline: Friday, January 3rd

Name: _____ Phone: _____ E-Mail: _____

Birth Date ____/____/____ Age _____ Address _____Town: _____

Boro/Twp of Residence: _____ Emergency Contact Name and Phone: _____

Does the participant have any past illnesses, injuries or conditions that we need to be aware of or that require regular attention and/or medication: _____If YES, please explain: _____

AGREEMENT TO PARTICIPATE

I am aware that participating in any physical activity can be dangerous involving MANY RISKS OF INJURY. Because of the dangers of participating in the above activity, I recognize the importance of following the instructor's instructions regarding techniques, training, and other rules, etc. and do agree to obey such instructions. I also acknowledge that I am aware that the Blue Mountain Recreation Commission carries no medical insurance on participants and that any injury incurred must be covered by my personal medical insurance policy. Photographs of participants in our program may be taken from time to time and may appear in newspapers, displays or other publicity materials. Your signature on this agreement serves as photo consent for the participant.

HOLD HARMLESS/RELEASE

In participating in any physical activity, I recognize that certain risks and dangers exist. These include loss or damage to personal property, injury or fatality due to accident, illness, or collision with a vehicle while traveling to and from the activity site. I understand that the Blue Mountain Recreation Commission shall assume no responsibility or liability for accidents, illness or loss or damage of personal property, and I hereby hold the Blue Mountain Recreation Commission or agents harmless from any and all liability, action, claims and damage of every kind and nature whatsoever.
My signature on this document is also intended to bind my heirs, representatives, executors, administrators, successors and assigns.

_____ _____

Date ***Signature of Adult***

Office Use Only: Date: _____ Amt Received: $ _____ Ck # ___ Cash: _____ M.O.: _____