



Watertown Parks & Recreation Department  
514 South First Street  
920-262-8080  
www.ci.watertown.wi.us

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# 2019 Yoga

**Program:** Offers basic yoga poses, standing and floor exercises, modifications and the general benefits of yoga such as breathing techniques, balance, strengthening and relaxation. Bring your body and mind together into one harmonious experience! Namaste!

**Dates:** Tuesdays & Fridays, November 5-December 20, 2019 (omit 11/26 & 11/29) (12 sessions)

**Times:** 9:00-10:00 am

**Location:** Classes will meet at the Watertown Senior & Community Center

*All students should dress comfortably and bring along a yoga mat or blanket and water bottle.*

<b>Fees:</b>	<b>1 Day a Week</b>	\$24.00/city resident	\$36.00/non-city resident	\$7/drop in
	<b>2 Days a Week</b>	\$48.00/city resident	\$72.00/non-city resident	\$7/drop in

## Register

**Online:** <https://watertownwi.recdesk.com/community>

**Special Needs:** The department will make every effort to comply with the regulations associated with the American's with Disabilities Act (ADA). In the space provided, list any special needs that the participant may have that would benefit his/her participation in this program. The department will attempt to accommodate these needs and will contact you to discuss participation.  
**Participant should communicate any special needs with their instructor.**

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Watertown Parks & Recreation Department

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Tuesdays, November 5-December 20, 2019 (12 sessions)

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Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M or F

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List any special needs or medical conditions this participant has \_\_\_\_\_

I understand the inherent risk of injury in participation in this sports program and verify that the person listed above is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case participant listed above is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this participant's participation in this activity.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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Fitness