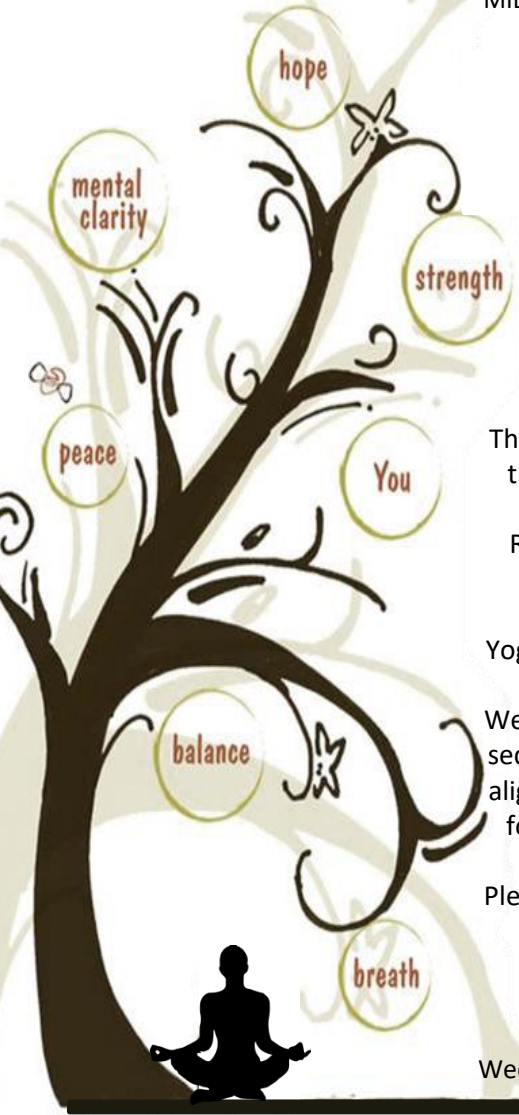


# YOGA

**Wednesday EVENINGS October 2021 — November 2021**  
**BEECHWOOD FIRE HOUSE: 118 Union Ave, Middlesex, NJ 08846**  
**Wednesdays – Joy Provenzano – 6:45 – 8:00 PM**



This program is offered on Wednesday evenings for eight weeks and meets at the Beechwood Firehouse. The cost of one program is \$80. The Recreation Dept. accepts cash, credit or personal checks made out to "Middlesex Recreation Dept." Forms must be turned into the Recreation Dept., as the instructor cannot take forms or payment.

Yoga is a set of practices which help lead us toward a healthy mind in a healthy body.

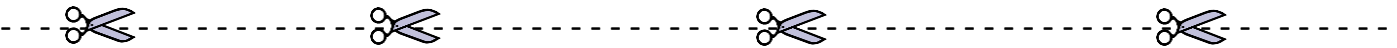
Wednesday's class will be a gentle flow. This class incorporates simple flowing sequences to warm the body, as well as slower paced movements focusing on alignment, balance, flexibility, strength, and breathing meditation. This will be followed by activities for the muscles and joints. It includes poses in sitting, supine, prone, standing, and/or kneeling.

Please bring a yoga mat and blocks if you can. Avoid eating 30 minutes prior to class. Ages 16+ are eligible for registration.

Please check the class below:

Wednesdays: Starting Oct 6 \_\_\_\_\_

Please fill out the registration form below & return with payment to the Recreation Dept. Keep top portion for your reference



Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (**PRINT** clearly) \_\_\_\_\_

Emerg. Contact \_\_\_\_\_ Ph # \_\_\_\_\_ H / C / W

By signing this form, I desire to engage voluntarily in this exercise program being offered by the Middlesex Recreation Department.

In consideration of my participation in the exercise classes, I do hereby agree to hold free from any and all liability, the exercise instructors, the sponsoring organization, or the Borough of Middlesex, and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of/or connected with my participation. Dates during which release is granted FROM: October 2021 TO: December. In your best interest, we recommend that you have your physician give approval for you to be a participant in this class.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date