

TACONIC HILLS

Spring

Staff & Community Wellness Program Six Weeks of Fitness Classes



Do you have BlueShield of Northeastern New York health insurance? If so, BlueShield will pay for fitness classes for you and your family.

** Participants registering with BSNENY Insurance must still complete registration.

†No classes week of Spring break April 14 - April 18th

MONDAY

Yoga

Each class begins with breathing techniques that will relax the body and focus the mind, followed by sequence moves or poses that will be coordinated with a music playlist. Each class ends with relaxation and rest. The yoga class will run for six weeks. The goal is to achieve a practice that can be continued at home or to continue doing yoga as a long-term practice. The result will be a stronger and more flexible body, greater energy with increased metabolism, and stress relief. No yoga experience needed. Ed Sisk is a registered yoga teacher.

Date: Mondays—April 7th through May 19th (6 weeks)

Time: 4:00 PM—5:00 PM

Instructor: Ed Sisk

Tuition: Free to BSNENY members; others: \$30

Location: Elementary Café

Entrance: Elementary School

Cardio Blast

You will explore an ever-changing workout program focusing on cardio fitness and complete body conditioning. Agility ladders, kettle bells, squats, obstacle course, isometric core work, medicine balls, small weights...whatever your goals, you can work towards them in this workout. Push boundaries but never beyond your physical limitations.

Date: Mondays—April 7th through May 19th (6 weeks)

Time: 4:00 PM—5:00 PM

Instructor: Sheila Bartlett

Tuition: Free to BSNENY members; others: \$60

Location: MS/HS Gym

Entrance: PAC

TUESDAY

Total Body Workout

Total Body Workout is a one hour cardiovascular and body sculpting class. Class will consist of a variety of drills, intervals, weight work, running, and different styles of aerobic and muscle-strengthening exercises to keep your body and mind challenged. Come prepared to do just about anything in a challenging but supportive and fun atmosphere. Class is tailored to meet a variety of fitness needs, for beginners, people with injuries, and experienced workout enthusiasts. You will work hard and have fun. Please bring a water bottle, supportive sneakers, a set of hand weights, a mat, and a towel.

Date: Tuesdays—April 8th through May 20th (6 weeks)

Time: 4:00 PM—5:00 PM

Instructor: Marcus McGregor is a professional dancer and veteran of the Dance Theater of Harlem. A certified personal trainer and Pilates instructor, he welcomes all levels of exercisers who are committed to getting in shape. His only request is that you miss no more than one class.

Tuition: Free to BSNENY members; others: \$60

Location: MS/HS Gym

Entrance: PAC

THURSDAY

Aqua Zumba

Splash your way into shape with an invigorating low-impact aquatic exercise. Known as the Zumba "pool party", the Aqua Zumba program gives new meaning to the idea of a refreshing workout. Integrating the Zumba philosophy with traditional aquatic fitness disciplines, Aqua Zumba blends it all together into workout that's cardio-conditioning, body-toning, and most of all, exhilarating beyond belief.

Date: Thursdays—April 10th through May 22nd (6 weeks)

Time: 4:00 PM—5:00 PM

Instructor: TBD

Tuition: FREE to BSNENY members; others: \$60

Location: Aquatic Center

BSNENY Members are entitled to 20 FREE fitness classes per plan year (July 1 to June 30). If you took classes in the fall, please call (800) 444-9940 to find out how many classes you have left on the wellness benefit.

PARTICIPANT RELEASE

_____ does hereby covenant and agree to release and hold harmless the Taconic Hills Central School District from and against any liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out participation in the Taconic Hills CSD Continuing Education Program. I understand participation in the Taconic Hills CSD Continuing Education Program may involve rigorous physical activity and risks of physical activity injury. I understand that the risks include a full range of injuries, from minor to severe, including death. Although protective equipment may be used, safety rules employed, coaching instruction provided, medical care provided and other efforts taken, there is no guarantee that I will not be injured. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept the responsibility for the payment of any emergency transportation or treatment. I further certify that I am in good physical condition and I have no medical or physical conditions that would restrict my participation in this event.

I agree to assume and accept these risks.

PARTICIPANT SIGNATURE

DATE

Emergency Contact Name: _____

Relationship to Participant: _____

Telephone Number(s): _____

Taconic Hills Continuing Education Spring 2014 — Registration Form

Name: _____ DOB: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email: _____

Course Name: _____

Tuition Fee: _____

Course Name: _____

Tuition Fee: _____

Course Name: _____

Tuition Fee: _____

Total Payment Enclosed (non BSNENY members): \$ _____

BSNENY Members only: I have ____ classes remaining on my wellness benefit.

Insurance ID # _____

Employer Name _____

Insured Name & Address (if different from registrant) _____

PATIENT RESPONSIBILITY (for participants with BSNENY Insurance): I am registering for the above Program(s), utilizing the "wellness" benefit under my insurance plan. I understand my Insurance Plan will be billed and the class applied against my "wellness benefit". I understand that I may be responsible for payment for services if it is determined by my insurance company to be non-covered services.

Member Name: _____ Signature of Member: _____

NO WALK INS ALLOWED TO ANY CLASS.

Please direct questions to:

Cybil Howard at (518) 325-2811 or by email: choward@taconichills.k12.ny.us

Continuing Education Courses are held on the Taconic Hills Central School

District campus located at: 73 County Route 11A Craryville, New York 12521

Please include payment with checks payable to: Taconic Hills CSD

Return registration section and mail payment to:

Taconic Hills Central School District c/o Business Office

73 County Route 11A Craryville, NY 12521

FOR OFFICE USE ONLY:

Date Received: _____

Amount: _____

Cash Check # _____

Received by: _____