

YOGA BASICS

FALL 2014

Offered by the City of St. Johns Parks and Recreation Department

Yoga Basics: Establishing Your Practice

This 5-week yoga session will begin with basic breath and posture geared toward helping those who have never done yoga learn the absolute beginnings in order to develop their own yoga practice at home. Each class will last one hour, and instruction will focus on controlling the breath, assuming safe postures, and moving from posture to posture with the help of breath. All students are welcome, and this class is suitable for young and old, from the everyday exerciser to the couch potato. Bring a yoga mat, a face towel, a bottle of water, a positive attitude, and any other equipment you think will help you feel more comfortable and get more out of your practice. Wear comfortable clothing that you can move around in. Instructor: Melinda Geiger

Fall Session I: Wednesdays, October 8, 15, 22, 29 and November 5, 2014 **Fall Session II:** Wednesdays, November 12, 19, December 3, 10 and 17, 2014 There will be no class on Wednesday, November 26, 2014

Time: 7:00 - 7:45pm

Where: St. Johns Railroad Depot (across from the library)

Cost: 5-week session is \$36 for city residents and \$44 for non-city residents.

Drop in rates \$9 city residents and \$11 non-city residents. Drop-ins allowed only if space permits.

Must reside within the City Limits to qualify as a City Resident.

You may have a St. Johns mailing address but not live within the city limits.

Participant Signature			Date				
his risk as my own and all responsib property or properties used for City damages arising from injuries I may the he St. Johns Recreation Department. actions and/or damages. I also agree	recreational activities. receive while participatin I hold harmless the City	By signing this document ing in recreational events spay of St. Johns and any of it	nt I agree to waive consored or supperts employees or a	e any rights or claim orted by the City of gents from all such	s I may have for St. Johns and/or claims, lawsuits,		
would like to participate in the for recognize that my participation in sp	porting activities and athl	letic competition subjects		1 3 3	•		
Home Phone		City Work	State	Zip			
Address							
Participant Name			E-mail Address				

Participant's Name	Activity	Session/Date	Time	Program Fee	Discount	Total Fee