



Name _____ Date _____

Department / Unit _____

Campus Address _____

E-mail Address _____

Campus Phone _____

EWP Yoga Class: Mid-Session 2014

- Section 1** Samantha Gallo and Mackenzie MacSween
Class Dates: October 20 – December 17 (**8 week class**)
Class Day / Time: Monday / Wednesday, 12:00p - 1:00p, KHS-203
- Section 2** Alexis Kemp
Class Dates: October 21 – December 18 (**8 week class**)
Class Day / Time: Tuesday / Thursday, 12:00p - 1:00p, KHS-203
- Section 3** Instructor: Stella Tyron
Class Dates: October 20 – December 17 (**8 week class**)
Class Day / Time: Monday / Wednesday, 5:15p - 6:15p, KHS-109

The **EWP Yoga Class** is a one-hour class that meets twice per week. The class is designed to instruct you on proper yoga practice to improve your strength, balance, flexibility, body awareness, focus and relaxation.

Please select one of the following sections:

- | | |
|---|---|
| <input type="checkbox"/> Section 1: Mon/Wed, 12:00p - 1:00p | <input type="checkbox"/> Standard Class Fee: \$ 72.00 |
| <input type="checkbox"/> Section 2: Tue/Thur, 12:00p - 1:00p | <input type="checkbox"/> Discounted Fee: * \$ 52.00 |
| <input type="checkbox"/> Section 3: Mon/Wed, 5:15p - 6:15p | <input type="checkbox"/> 10-Class Punch Pass: \$ 50.00 |
- 10-Class Punch Pass:** Use the 10 visits any class during the Fall 2014 semester
(* To receive the Discounted Fee, you must be concurrently enrolled in another EWP Exercise Class.)
- New Yoga Class Member**, please include the following with this Registration Form:
Exercise Risk Assessment Form for Yoga Class
Informed Consent Form for Yoga Class
Medical Clearance Form (*only if required, you will be notified*)
Check made payable to *Employee Wellness Program*
- For New Members: Check here if you were “recruited” by an EWP member**
Please list the name of the EWP member who “recruited” you: _____
- Continuing Yoga Class Member**, please include the following with this Registration Form:
Check made payable to *Employee Wellness Program*

Please send all forms and check by campus mail to: **Employee Wellness Program, KHS-121** Note: A minimum class enrollment is required or the class may be cancelled.