



WEST ORANGE SENIOR PROGRAMS FALL 2019 SESSION



Yoga

AT THE KATZ CIVIC CENTER
12-WEEK PROGRAM!

MONDAYS – 1:30PM TO 2:30PM:
9/9; 9/16; 9/23; 10/7; 10/21; 10/28;
11/4; 11/18; 11/25; 12/2; 12/9; 12/16

WEDNESDAYS – 10:00AM TO 11:00AM:
9/11; 9/18; 9/25; 10/2; 10/16; 10/23;
10/30; 11/6; 11/13; 11/20; 11/27; 12/4

Modifications offered for those with limited mobility.
Chairs available. (no walkers or wheelchairs).
Please bring your own yoga mat

QUESTIONS? CALL 973-325-4105
LAURA VAN DYKE OR NOELIA PEREZ

FALL 2019

\$50 for one day of the week. \$100 for both days of the week

PLEASE COMPLETE AND RETURN THIS PORTION NO LATER THAN SEPTEMBER 5, 2019 TO
WEST ORANGE DEPARTMENT OF SENIOR SERVICES • 66 MAIN STREET • ROOM 207 • WEST ORANGE, NJ 07052
WITH A CHECK PAYABLE TO: TOWNSHIP OF WEST ORANGE



The Township of West Orange Yoga

at the Katz Civic Center, Check off the days you would like to attend:

Monday Wednesday

NAME: _____

ADDRESS: _____ HOME PHONE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____ EMERGENCY CONTACT: _____ PHONE: _____

CONSENT & WAIVER

I verify that I am in good health and able to participate in recreational activities. I hereby release The Township of West Orange, its employees, agents, representatives, servants, officers, volunteers, affiliates, and vendors from any and all claims or causes of action whatsoever arising out of participation in the above designated program. I understand that I am solely responsible for accidental, medical or dental expenses incurred as a result of participation in the above designated program. In the event of illness or injury to the applicant, I grant the program staff permission to provide emergency medical care. Further, I understand that The Township of West Orange follows a strict "No Refund" policy. Additionally, I give The Township of West Orange permission to use my name and photographic image for any and all promotional uses.

SIGNED: _____

Date: _____