

Taconic Hills Continuing Education Winter 2019 — Yoga Classes

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 eight (8) 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. Loose fitting clothing is recommended. Yoga mat is necessary.

Date: Tuesdays—January 8th through March 19th (10 weeks)
**(no class February 19th)*

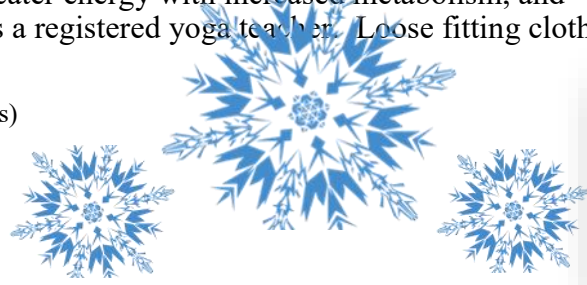
Time: 4:05 PM—5:05 PM

Instructor: Ed Sisk

Tuition: FREE to BSNENY* members; others \$100

Location: Jr./Sr. High School Library

Entrance: Jr./Sr. High School



Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

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

BSNENY Wellness Member Benefit Insurance Information: *(if applicable)*

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: _____

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): _____

NO WALK INS ALLOWED TO ANY CLASS.

Please direct questions to:

Jordan McComb at (518) 325-2815 or by email: jmccomb@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: _____