

# Yoga: 101

*On going 2012*

Easy going but effective, this gentle Yoga can help your flexibility, posture and energy. I can show you how to modify your yoga practice poses safely. My class gives you a ground floor to start from and work up to your comfort level. The class is informal and a lot of fun. Learn the basics and more.



**Instructor:** Patti Kiriazis

I have been teaching yoga for 25 years. I certified in Santa Barbara at the White Lotus Foundation. Then studied and apprenticed under renown Marie Svoboda for ten years. I also studied in Greece with Angela Farmer and over the years with many other great teachers.

**Session dates:** On going

Check VPD on-line calendar for breaks or cancellations  
or Call the office at 206-463-9602

**Ages:** 18 and up

**Days:** Tuesday and Thursday

**Times:** 1:15 PM to 2:15 PM

**Location:** Ober Performance Room

**Fee:** Punch card options (**Expires 90** days after Date of Purchase)

4 X \$36    8 X \$72    12 X \$108

Single classes (drop-ins)

\$10 Drop In

**Required:** Comfortable clothes, Yoga mats and aids will be provided but feel free to bring your own.

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**Questions? Contact Us!**

(206) 463-9602 phone  
(206) 463-9614 fax

[www.vashonparkdistrict.org](http://www.vashonparkdistrict.org)

17130 Vashon Hwy SW  
P.O. Box 1608  
Vashon Island, WA 98070

Office Hours:  
8 a.m. to 4 p.m.,  
Monday thru Friday

**IMPORTANT!** Registration packets without required signatures, payment, Reduced Fee and/or Payment Plan paperwork, if applicable, will **NOT be accepted** until all required documents are received. This will affect placement on the program roster.

**PLEASE SEE ATTACHED PAGE FOR REGISTRATION**



Official Use Only

**Yoga  
101**

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**Fee:** Punch Card  
 CCW\_\_\_\_PP\_\_\_\_RFA\_\_\_\_

Payment Date: \_\_\_\_\_ Amt: \_\_\_\_\_ TYPE: \_\_\_\_\_ CC \_\_\_\_\_ CHK# \_\_\_\_\_ Cash \_\_\_\_\_ Web \_\_\_\_\_

**Registration Information:** Please complete side 1 and 2 of this form. If you have a Park District On-line Profile fill out the \* lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases on side 2.

- \* Name of Participant: \_\_\_\_\_
- \* Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_
- \* Parent or guardian name: \_\_\_\_\_
- \* E-mail: \_\_\_\_\_  I do not wish to Receive promotional e-mail

**Stop!** If you have registered for a park program in the last 6 months you do not need to fill out the below information. Please proceed to the waiver page.

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home address if different from above: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

(Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency back-up contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

I DO or  DO NOT have any medical conditions.

Please list all medical conditions: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Doctor phone: \_\_\_\_\_

Location: \_\_\_\_\_

How did you hear about this program?  Newspaper  Website  Mass email  Poster

School registration packet  Word of mouth  Billboard  Repeat session  Other

Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

Yes! I want to **donate** to VPD's Reduced Fee Fund. Amount: \$ \_\_\_\_\_ Thank you!

