Northampton Parks & Recreation

Aquatic and Family Center

located at JFK Middle School,100 Bridge Rd., Florence, MA

Beginners Yoga

Fall 2021

Yoga instructor, Beth T., will introduce and break down a variety of basic yoga poses to help you feel stronger and more flexible, making movement freer and easier. We'll also explore breathing and meditation practices to help quiet your mind so you feel more relaxed and peaceful. Participants need to provide their own yoga mat.

EVENING CLASSES: Monday 6:00 - 7:00 pm

Dates: November 8 – December 13 (6 Classes)

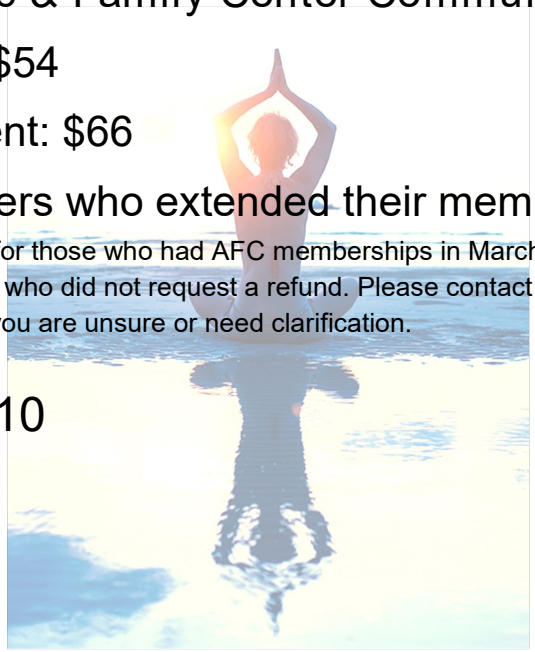
Location: Aquatic & Family Center Community Room

Fee: Resident: $54

Non-Resident: $66

AFC members who extended their membership: $48*

*This fee is for those who had AFC memberships in March 2020 when we shut down due to COVID, and who did not request a refund. Please contact our office if you qualify to use this discount, if you are unsure or need clarification.



Walk-in Fee: $10

ALL LOCAL AND STATE COVID REGULATIONS WILL BE FOLLOWED. AS OF SEPT. 23, FACE MASKS MUST BE WORN AT ALL TIMES INDOORS EXCEPT WHEN IN THE POOL.

Registrations accepted online or at the AFC, 100 Bridge Road, Florence, MA
Mon-Fri 4:00-7:30 pm, 413-587-1046
or
Northampton Parks & Rec Department, 100A Bridge Road, Florence, MA
Mon-Fri 8:30 am-4:30 pm

FOR MORE INFORMATION & TO REGISTER

SCAN ME

OPEN YOUR CAMERA APP ON YOUR PHONE & FOLLOW THE PROMPT

413-587-1040 **www.northamptonma.gov/recreation**

Updated 9/22/21

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

Today's Date: _____/_____/_____ ***PLEASE PRINT LEGIBLY*** ☐ New to Northampton Parks & Recreation ☐ I have updated my Information

ADULT 1

Name _____

Address _____

City _____St_____ Zip_____

Phone: (H) (____)_____ (W) (____)_____

Cell (____)_____

Email: _____

ADULT 2

Name _____

Address _____

City _____St_____ Zip_____

Phone: (H) (____)_____ (W) (____)_____

Cell (____)_____

Email: _____

EMERGENCY CONTACT OTHER THAN PARENT

Name _____

Phone (____)_____

Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes ☐ No ☐

PARTICIPANT'S FULL NAME: _____ Gender _____

Current Grade _____ (Fall 2021)

Date of Birth _____ School _____

Program Name	Start Date	Day(s)	Basic Fee	Total Fee
			$	$
			$	$

TOTAL FEE FOR PARTICIPANT $

Special Considerations/Comments (Use back if necessary) _____

_____

_____

Recreational and Volunteers Activities Release Form

I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton.
I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs.
I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs.
I further affirm that I have read this Consent and Release From and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs.

Participant Signature or Parent/Legal Guardian if under 18 years old: _____

Date:_____

Charge my VISA ___ Master Card ___ Discover ___ Card #_____ Expiration _____

Name on Card _____ Signature _____

Office Use Only: Amt Rec'd $_____ Cash ____ Check # _____ Credit _____ Date _____ RT Date _____ Staff _____