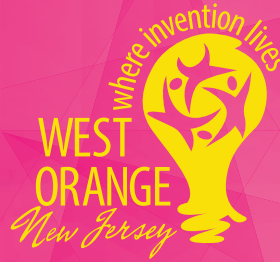




**WEST ORANGE SENIOR CITIZEN PROGRAMS
SPRING SEMESTER 2019 – 6 SESSIONS**



Yoga

AT KATZ CIVIC CENTER

\$25.00 – Six Week Program

MONDAYS – 1:30PM TO 2:30PM:

4/22, 4/29, 5/6, 5/13, 5/20, 6/3

WEDNESDAYS – 10:00AM TO 11AM:

4/3, 4/10, 4/24, 5/1, 5/8, 5/15

Please submit the bottom portion of this form with a \$25.00 check payable to:

THE TOWNSHIP OF WEST ORANGE

No later than Friday, March 29, 2019

to West Orange Department of Senior Services
• 66 Main Street • Room 207 • West Orange, NJ 07052

QUESTIONS? CALL 973-325-4105

Mondays - 1:30pm to 2:30pm: 4/22, 4/29, 5/6, 5/13, 5/20, 6/3

Wednesdays - 10:00am to 11am: 4/3, 4/10, 4/24, 5/1, 5/8, 5/15

Please complete and return this portion by Friday, March 29, 2019 to

W.O. DEPARTMENT OF SENIOR SERVICES • 66 MAIN STREET • ROOM 207 • WEST ORANGE, NJ 07052

WITH A \$25.00 CHECK PAYABLE TO:

THE TOWNSHIP OF WEST ORANGE

Yoga

NAME: _____ MALE: _____ FEMALE: _____

ADDRESS: _____ HOME PHONE: _____

EMAIL ADDRESS: _____ WORK/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 West Orange Health Department, West Orange Board of Education, The Township of West Orange, their organizers, servants, officers, volunteers, affiliates, vendors and employees from any and all claims 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 West Orange Health Department follows a strict "No Refund" policy. Additionally, I give the West Orange Health Department permission to use my name and photographic image for any and all promotional uses.

SIGNED: _____

Date: _____