

Deerfield Parks & Recreation

Adult Hatha Yoga with Nancy Damboise...



Certified Yoga Instructor

**New Session Begins
January 6th, 2009**

*Yoga not only reduces stress, but it
strengthens the body and mind as well
Come join us for yoga class with
instructor Nancy Damboise...*

**New Class Time 6:30-7:30 PM
Tuesday and Thursday Evening
Held at the Deerfield Town Hall**



**Cost is \$40 for 6-week
course or \$8 per drop-in.**

**Cost includes 2 classes per week*

**Mats will be provided
by the instructor**

Make all checks payable to Deerfield Parks & Recreation

**For more information please contact Deerfield Parks &
Recreation at 463-7917 or email us at dflparks@townofdeerfieldnh.com
Registration forms are available on our website at
www.townofdeerfieldnh.com**

2009 Yoga Registration Form

Last Name	First Name	MI
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone (Home) _____ **Phone (Alternative)** _____

Email Address _____

Emergency Contact:

Name _____ **Phone number** _____ **Relationship** _____

Insurance Carrier _____

Group & ID# _____

Medical Concerns: _____

Yoga Program Cost is \$40 for 6 weeks or \$8 per class drop-in.

Please make checks payable to Deerfield Parks and Recreation

Your Check # _____

Program Cancellation: DPR reserves the right to cancel any program, event, or activity for any reason preventing a quality outcome. Note that money/monies paid for registration of any cancelled program will be refunded in full to registrar post cancellation.

Refund Policy: No refunds, credits, or transfers will be issued after the first day of the class or program. Full refunds will be granted only if requested prior to the start date of a class or program.

I the undersigned assume all responsibility for my participation in Yoga Classes offered by the Deerfield Parks and Recreation Department. I will not hold the Town of Deerfield, The Deerfield Parks and Recreation Department, or any of its agents responsible for any accidents or injuries that may occur due to my participation. I also authorize permission for myself to receive any emergency medical treatment that may be needed.

Participant Signature _____ **Date** _____

Please mail or submit in person to:

**Deerfield Parks & Recreation Dept,
PO Box 159, 8 Raymond Road, Deerfield, NH 03037
For More Information: Phone (603) 463-7917
or email us at : dfldparks@townofdeerfieldnh.com
Keep updated, visit our website at www.townofdeerfieldnh.com**