



**WINTER
VIRTUAL YOGA**
Starting January 5, 2022
(Ages 18 & Over)



YOGA TEACHES CONTROL OF THE BODY & MIND AS A MEANS OF ACHIEVING INSIGHT AND TRANQUILITY

Classes will be held on Mondays & Wednesdays - 6:00 p.m. – 7:00 p.m.
Fridays – 5:00 p.m. – 6:00 p.m.

To register go to register.capturepoint.com/Edison or access Community Pass via the township website under Recreation. Simply create your family account or sign into your existing family account and register for this program. If you do not have a computer to sign up online please contact the Recreation Department Monday – Friday from 8:00 a.m. to 4:30 p.m. at 732-248-7310 for an application that can be mailed. **PROOF OF RESIDENCY REQUIRED FIRST DAY OF CLASS.**

Yoga is free for all Edison residents over the age of 65. Proof of age and residency is required.

AN E-MAIL ADDRESS IS REQUIRED FOR THIS VIRTUAL PROGRAM A ZOOM MEETING SET-UP.
The instructor will contact you by email to enter into the class.
Nipa - (732) 423-2500

Program fees are due quarterly as per the below schedule

Edison Residents Quarterly – Winter (Jan.,Feb.,March.) \$50.00	Non-Resident Quarterly - Winter (Jan.,Feb.,March.) \$100.00
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For more information or A.D.A. concerns, please contact Edison Recreation at 732-248-7310 or 732-248-7316.



Find us on our Social Media Platforms
Facebook: @EdisonTownshipRecreation
Instagram: @edisonrec
Twitter: @EdisonRec

Township of Edison Recreation Department
100 Municipal Blvd., Edison, NJ 08817
Hours: Monday – Friday 8:00 a.m. – 4:30 p.m.
Tel. 732-248-7310
www.edisonnj.org



EDISON TOWNSHIP RECREATION DEPARTMENT
Joyce Fircha, Acting Director

Fall Yoga Application – Virtual

ACCT. # _____

(Please Print)



FOR OFFICE USE ONLY - Date Received _____ Employee's Initials _____ Amt _____ MO#/Ck# _____ Cash _____ CC Type _____ CC (last 4 digits) _____

Name: _____ Male/Female: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home/Cell Phone #: _____ E-Mail: _____

Emergency Contact Name: _____ Emergency Phone #: _____

I HEREBY GIVE PERMISSION FOR MYSELF/MY CHILD TO PARTICIPATE IN THIS ACTIVITY AND ASSUME THE RISK THEREOF, AND I DO AGREE FOR MYSELF/MY CHILD AT ALL TIMES TO KEEP THE SAID RECREATION DEPARTMENT, PERSONNEL AND THE TOWNSHIP OF EDISON FREE, HARMLESS AND INDEMNIFIED FROM ANY AND ALL LIABILITY FOR ANY INJURY I/MY CHILD MIGHT SUSTAIN AS THE RESULT OF SAID PARTICIPATION. I ALSO GIVE PERMISSION FOR THE POSSIBLE VIDEO/AUDIO OF MYSELF/MY CHILD'S PARTICIPATION IN SAID ACTIVITIES. IN THE CASE OF A MEDICAL EMERGENCY, WHERE I CANNOT BE REACHED, I GIVE PERMISSION FOR IMMEDIATE MEDICAL CARE FOR MY CHILD. IT IS FURTHER UNDERSTOOD AND AGREED THAT EDISON TOWNSHIP DOES NOT PROVIDE ANY INSURANCE COVERAGE FOR THE PARTICIPANT OR ORGANIZATION.

SIGNATURE _____ DATE _____

PRINT NAME _____