

Term 4, 2021

Thursday

5:30 - 6.30pm

Instructor: Antonia Ravesi

Venue: Greens on William

14 Oct to 16 Dec, 2021

Cost: \$150 (10-week term)

Duration 1 hour

For Term 4, 2021 all participants must be fully COVID-19 vaccinated, and wear face masks in compliance with current NSW Health Orders.

We offer Hatha yoga classes for beginners to intermediate with strengthening, flexibility, relaxation, breathing and meditation. Classes are in a suitably sized room at Greens on William, 29 William Street, Bathurst.

Bring: Please bring a yoga mat (or towel), face mask, and wear comfortable clothing.

Please complete and return the yoga registration form (see over) in person, by fax or email. We may also ask you to complete a CWWHC Client Group Registration Form if you are not already a client of the Centre.

Free yoga for Pension/Concession card holders – the Thursday evening session is also available for Pension or Concession card holders with just a \$2 charge for the venue, paid on the day. Please contact us to register prior to attending.

Thursday evening Yoga cost is \$150 for the 10-week term – \$15 per session when you pay for the full term in advance. Please register and pay the term fee at least one week in advance.

Term fees can be paid directly into the following account:

BSB: 062-504 (Commonwealth Bank)

Account: 2801 9572

Please use your surname as the reference

Payment may also be made by cash or EFTPOS at the Centre if preferred.

Registration form (see over) to be filled in and returned with your payment before entry into the term is confirmed. Proof of COVID-19 vaccination must be provided to CWWHC or shown to instructor prior to the first class attended.

CWWHC Yoga Registration

(You must also be registered as a client of the Central West Women's Health Centre)

Name: _____ Phone: _____

Age: Under 21 22-35 35-45 46-70 70+

Email: _____

Name of Doctor _____ Doctor's Contact No. _____

Have you participated in yoga before?

No Yes If yes, what style? _____ What level? _____

Do you suffer from Asthma, Diabetes, Epilepsy, High or Low Blood Pressure, Osteoporosis or problems of the Heart, Knee, Shoulder or other conditions we should be aware of?

No Yes If yes, give brief description: _____

Are you pregnant? No Yes If yes, how many months? _____

Do you have any other disabilities that might limit full participation in activities?

No Yes If yes, please give details: _____

In an Emergency, who can we contact?

Name _____ Phone _____

I agree that any changes to the details above will be notified to the Central West Women's Health Centre as soon as practical.

I agree that any changes in my health details will be notified immediately to the Yoga instructor, so that the appropriate care may be taken.

Medical Disclaimer

There are some people who have medical or other conditions that would not make yoga a good option for exercise. It is strongly recommended that you discuss with your qualified healthcare provider or doctor of your interest in doing yoga and whether it would be a good health care choice for you. The Central West Women's Health Centre Inc. accepts no liability for any injuries sustained by clients due to doing Yoga who have not discussed their suitability for it with their doctor or qualified healthcare practitioner.

Medical Authority

I authorise any staff of the Central West Women's Health Centre, in the event of an accident or illness, to obtain such urgent medical assistance or first aid for myself or any or my children who may be with me, and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event agree to pay the said centre on demand, all such fees (other than fees and expenses recoverable by the said centre under any policy of insurance).

Name: Signature:

Date:/...../.....