EMPLOYEE WELLNESS PROGRAM
Department of Kinesiology
(657) 278-4404 / Fax (657) 278-5317
http://hd.fullerton.edu/ewp

EWP Yoga Class
Registration Form
Fall Full Session 2017

Name ___________________________________________ Date ________________________

Department / Unit __________________________________________________________

Campus Address __________________________________________________________

E-mail Address ____________________________________________________________

Campus Phone ______________________

EWP Yoga Class: Fall Full Session 2017

Section 1
Stella Tryon
Class Dates: August 21 – December 13 (16 week class)
Class Day / Time: Monday / Wednesday, 12:00p – 12:50p, KHS-203

Section 2
Alexis Kemp
Class Dates: August 22 – December 14 (16 week class)
Class Day / Time: Tuesday / Thursday, 12:00p – 12:50p, KHS-203

The **EWP Yoga Class** is a one-hour class that meets twice per week. The class is designed to instruct you on proper yoga practice to improve your strength, balance, flexibility, body awareness, focus and relaxation.

Please **select one** of the following sections:

- **Section 1**: Mon/Wed, 12:00p – 12:50p  □ Standard Class Fee: $142.00
- **Section 2**: Tue/Thur, 12:00p – 12:50p  □ Discounted Fee: * $102.00
  □ 10-Class Punch Pass: $50.00

- **10-Class Punch Pass**: Use the 10 visits any class during the Fall 2017 semester
  (* To receive the Discounted Fee, you must be **concurrently enrolled** in another EWP Exercise Class.)

- **New Yoga Class Member**, please include the following **with this Registration Form**:
  - Exercise Risk Assessment Form for Yoga Class
  - Informed Consent Form for Yoga Class
  - Medical Clearance Form *(only if required, you will be notified)*
  - Check made payable to **Employee Wellness Program**

- **For New Members**: Check here if you were “recruited” by an EWP member
  Please list the name of the EWP member who “recruited” you: ____________________________________________

- **Continuing Yoga Class Member**, please include the following **with this Registration Form**:
  - Check made payable to **Employee Wellness Program**

Please send all forms and check by campus mail to: **Employee Wellness Program, KHS-121**

Note: **A minimum class enrollment is required or the class may be cancelled.**