



Benchlands YOGA Classes



Where: Community room at the Benchlands/Ghost Firehall

Level: Each class is designed to serve beginner **and** intermediate levels.

Each participant must bring their own yoga mat with some additional props available for use in class. Arrive early to help set up the space and help put everything away after each class.

Dates and Times:

AM 6 Wednesdays; 9:30 - 10:45 am, Jan. 10 – Feb 14

PM 6 Tuesdays 5:45 – 7 pm, Jan. 9 – Feb 13

Cost:

Six 75-minute classes: \$90 (includes GST) **full registration closes at the first class**

Drop-Ins are welcome at a cost of \$20 per class – *but only if we have enough room.*

Instructor:

Jess LeBlanc currently teaches yoga in Cochrane and Calgary and has 500+ Hour Blissology Yoga / mind body medicine Certification.

Here is a bit about Jess:

‘I embody both the spiritual and the science based practice of Yoga. I have developed numerous workshops and rehabilitation programs that encompass healing the anatomy and physiology of the body as well as relationship & personal development and growth. I teach a variety of yoga styles, my favourite being fluid & dynamic Vinyasa Flow. My classes ebb and flow to create a safe space that is inclusive and accommodating to all levels while encouraging kindness, play and lots of love.’ Check out more on her website www.embodiedadventure.com

Please email or fax the MD Office by January 10th to register, using the attached registration form.

Classes are posted on the MDBighorn.ca Events Calendar

Email your registration form to MD Bighorn Community Services
reception@mdbighorn.ca or fax to 403-673-3895



MD OF BIGHORN

Course Registration Form

Use this form to register for courses offered by the Municipal District of Bighorn.

This information must be completed if you are an adult registering for a program OR if you are the parent or guardian of a child being registered for a program. *This personal information is being collected under the authority of the Municipal Government Act for the purpose of registering for a community class. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act.*

Personal Information

Name: _____ Sex: M F Age (if under 18): _____

Mailing Address: _____

Postal Code: _____ Email: _____

Phone: (day)* _____ (evening) _____

* We must be able to contact you during the day!

Course Information

Name of Course _____

Date of Course _____ Course Fee _____ + GST = _____

Name of Course _____

Date of Course _____ Course Fee _____ + GST = _____

Name of Course _____

Date of Course _____ Course Fee _____ + GST = _____

I certify that to the best of my knowledge, the participant named herein is physically fit and able to engage in the above named activities. In case of emergency, I give my permission for emergency treatment. I hereby release the MD of Bighorn, and its instructor from all claims for damages or loss arising from any accident or injury which is caused by or arises from the participation of the individual named herein during any program or in any facility or at any location where a program is being held, and agree not to sue the MD of Bighorn or its Instructor.

My signature acknowledges that I understand and agree to the above conditions.

Signature _____ Print Name _____ Date _____

Payment Terms

Full fee must accompany the registration form. Please make cheques payable to the MD of Bighorn.

If paying by MC/Visa Card:

Card No. _____ Expiry Date _____

Name as it appears on the card: _____