

Healthy Columbus Yoga

Quarter 3, 2013 classes begin the week of July 15th and end the week of September 23rd

Yoga for Stress & Flexibility:

Moves at a slower pace focusing on calming the mind and body. Basic poses are covered. The class will also explore basic deep breathing to help keep calm and clear the mind. A few minutes of quiet meditation brings the class to an end. The student is revived and energized and ready to continue the work day.



Yoga for Strength:

For students with some yoga experience. Moves at a slightly quicker pace while warming up large muscle groups. Poses will build strength in the joints and all muscle groups. Students will work longer and explore some deeper poses- you might sweat a bit!

Here's what current Yogis are saying:

"Yoga gives me an opportunity to take a break from life. I look forward to my weekly time on the mat to stretch and tone my body. It's my way of taking care of me."

"Yoga is a very individual practice. The physical practice brings me relaxation, and also a sense of equilibrium & balance. It's hard to imagine how I ever got along without it."

Yoga For Stress and Flexibility:

Monday:

910 Dublin Rd, 11:30-12:30
Health Dept., 11:15-12:15
Health Dept., 12:30-1:30

Tuesday:

Fire Training Academy, 11:30-12:30
COAAA 5:30-6:30

Wednesday:

Jerry Hammond Center, 11:30-12:30
77 N. Front St., 11:30-12:30

Thursday:

Municipal Courts, 12:15-1:15 **New Date and Time!**

Friday

1250 Fairwood Ave. 12:00-1:00

Yoga For Strength:

Monday:

77 N. Front St., 11:45-12:45 **New Date and Time!**

Tuesday:

Health Dept., 1:00-2:00

Registration Guidelines

1. You may only attend the class(es) that you are registered for.
2. Mark a "1" or "2" to indicate first and second preference (**if you wish to participate in one class, only mark one class**).
3. You will be enrolled in your second choice during the week of 7/8/13 if there is room. You will receive a separate confirmation email for that class.
4. You may register for 2 yoga and 2 fitness classes, Fitness and 2 Zumba classes. Call 645-8049 with questions.
5. Adult dependents (18+) on the City's health plan may participate, provided there is room in the class *and* they submit a separate registration form.

Q3 2013 HEALTHY COLUMBUS YOGA REGISTRATION

Classes are filled on a first come, first served basis.

EMPLOYEE INFORMATION (Required) Please print.

LAST: _____ FIRST NAME: _____ MIDDLE INT: _____
 DEPARTMENT: _____ DIVISION: _____ SECTION: _____
 WORK PHONE: _____ WORK EMAIL: _____
 Required to complete registration

A confirmation letter received via email completes registration. **Fax your completed registration form to 614-645-8022.** Call 645-08049 with questions.

1. You may only attend the class(es) that you are registered for.
2. Mark a "1" or "2" to indicate first and second preference (if you wish to participate in one class, mark your choice with a "1").
3. You will be enrolled in your second choice during the week of 7/8/13 if there is room. You will receive a separate confirmation email for that class.
4. You may register for 2 yoga and 2 fitness classes, Fitness and 2 Zumba classes. Call 645-8049 with questions.
5. Adult dependents (18+) on the City's health plan may participate, provided there is room in the class *and* they submit a separate registration form.

Choice #	Title	Course Date/Time/Location		
	Yoga for Stress & Flexibility - Public Utilities	7/15/13	11:30 am – 12:30 pm	Training Center Auditorium
	Yoga for Stress & Flexibility – Health- CLASS 1	7/15/13	11:15am-12:15pm	Fitness Room
	Yoga for Stress & Flexibility – Health- CLASS 2	7/15/13	12:30pm-1:30pm	Fitness Room
	Yoga for Strength 77 N. Front St. (New date and time!)	7/15/13	11:45am-12:45pm	Columbus STAT Room
	Yoga for Stress & Flexibility – Fire	7/16/13	11:30 am – 12:30 pm	Fire Training Academy Chapel
	Yoga for Strength - Health	7/16/13	01:00 pm – 02:00 pm	Fitness Room
	Yoga for Stress & Flexibility – COAAA	7/16/13	05:30 pm – 06:30 pm	Training Room
	Yoga for Stress & Flexibility – 77 N. Front St.	7/17/13	11:30 am – 12:30 pm	Columbus STAT Room
	Yoga for Stress & Flexibility – Jerry Hammond	7/17/13	11:30 am – 12:30 pm	Gold room
	Yoga for Stress & Flexibility - Carolyn Ave	7/18/13	11:30 am – 12:30 pm	Hearing Room
	Yoga for Stress & Flexibility- Muni Cts. (new date and time!)	7/18/13	12:15 pm – 1:15 pm	375 S High , 18th Floor
	Yoga for Stress and Flexibility- 1250 Fairwood Ave.	7/19/13	12:00 pm- 1:00 pm	Room 0031B

Supervisor Signature: _____ Supervisor Phone _____

AUTHORIZATION: Supervisor's signature indicates knowledge that registration form will be submitted for processing. Signatures are not required for evening classes.

Waiver of Workers' Compensation Benefits for Recreational or Fitness Activities

Complete this form to waive worker's compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs. In the space provided, list all employer-sponsored recreational activities or fitness programs for which the employee wishes to waive Workers' compensation coverage. Make a line through any blank spaces. The employee must sign and date this form to acknowledge agreement. The employer shall retain the original for his or her files and provide a copy to the employee. The employee should submit a copy to BVC only when an employee files a claim for an injury or occupational disease sustained in the employer-sponsored recreational activities or fitness programs. For further information, call 1--800-OHIOBWC. (1-800-644-6292)

Employee name: _____ Date _____

Pursuant to Section 4213.01©(#) OF THE Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4213 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program which is not listed, the employee may be eligible for compensation benefits.

Recreational activities/Fitness programs: **Healthy Columbus Yoga Q3 2013**

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4213 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers' compensation claim filed for death benefits by the employee's dependents.

Employee signature

Date Signed

