

Bodymind Ballwork

Sunday, October 22, 2017

2:30pm – 4pm



Join YWCA instructor Debi Hawkins for this special workshop combining small ball release techniques with gentle movement. Using our own body weight and balls ranging in size from 1" to 10", we massage and release muscles and soft tissue to create ease and increase range of motion.

Proceeds from the class will contribute to YWCA gym upgrades!

Location & Details:

YWCA Central Carolinas: 3420 Park Road Charlotte, NC 28209, Multi-Purpose Room

* Wear comfortable clothes.

* Yoga mats available or please bring your own.

Registration Costs: *20 spaces available! *Must be 18 years of age or older

- \$30 Members \$35 Non-Members
- All proceeds will be donated to the YWCA
- Visit the YWCA website for online registration! www.ywcacentralcarolinas.org
From the home page, select *Co-Ed Fitness*, then *specialty fitness programs*
- Registration CLOSSES Thursday, October 19th

*Registration form next page!

Bodymind Ballwork Registration Form

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All proceeds will directly support YWCA upgrades in the gym!

Registration & Fees: * 20 spaces available! *Must be 18 years of age or older.

- \$30 Member**
- \$35 Non-Member**
- Online Registration:** www.ywcacentralcarolinas.org

From the home page, select *Co-Ed Fitness*, then *specialty fitness programs*

***Registration Closes Thursday, 10/19**

Name: _____ **Birth Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email address: _____

Emergency Contact + Phone: _____

Relationship: _____

How did you hear about us?: Word of Mouth Lawn Marque Google Search
 Community Calendar Facebook Ad Local Business: _____

I am interested in receiving information about upcoming YWCA Fitness Events

Any info we should know:

Waiver/Consent Form

I hereby agree to participate in the YWCA program and release the YWCA Central Carolinas, and instructors, from any claims that may arise from injuries suffered during the program. Further, I authorize the YWCA Central Carolinas to provide emergency treatment for illness or injury if qualified medical personnel consider the treatment necessary and perform treatment. I consent to the release of photos of the participant for marketing purposes. Registering for this course adds me to the YWCA email and mailing distribution list. I understand I may opt out at any time. I acknowledge the prerequisites to participate and attest that I meet all requirements.

Participant Signature: _____ **Date:** _____

YWCA STAFF ONLY: Amount paid: \$_____ Cash or Check #:_____ Entered in Excel: (Circle): YES NO

Today's Date: _____ Employee name: _____