

Eatontown Recreation  
(Borough Hall)  
47 Broad Street, Eatontown, NJ 07724  
732-389-7607 or email [rec@eatontownnj.com](mailto:rec@eatontownnj.com)



# Adult Yoga

Yoga increases flexibility, builds core strength and increases energy. Yoga has also been shown to help relieve stress & anxiety, increase flexibility, balance and helps tone the body. You will learn to move in and out of the poses safely. Taught by a certified instructor. All levels and abilities welcome!

**Location:** Community Center 72 Broad St.  
**Dates:** Wednesdays: 5 PM – 6 PM  
**Fee:** \$5. per class per person; pay instructor  
**Register online:** <https://register.capturepoint.com/eatontown>

For current and future recreation programs, visit [EatontownNJ.com/recreation](http://EatontownNJ.com/recreation)



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IMPORTANT: HOLD HARMLESS RELEASE (PLEASE READ): I understand there is no medical insurance coverage included in the registration for any program offered by the Department of Recreation. By participating in these programs, you assume your own medical insurance responsibilities. The Borough maintains a "Limited Form of Contract" accident insurance for sponsored programs, which is intended to be only supplemental to your own personal health insurance. Participants in Recreational activities sponsored by the Borough of Eatontown should recognize that conditions in an about the recreational facilities, and the nature of certain activities all present certain reasonable and unforeseeable risk of injury. Users/participants assume all reasonable risks, which may exist by virtue of the conditions existing at the facilities, or by virtue of participation in the activities. Users/participants agree to hold harmless the Borough of Eatontown, its employees, or volunteers in the event of accident or injury while participating in the activities and/or while using Borough and/or recreational facilities. Photos and videos may be taken and used by Eatontown Recreation for promotional purposes.

## REGISTRATION FORM - YOGA

Adult Last Name: \_\_\_\_\_ Adult First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Primary #: \_\_\_\_\_ Emergency#: \_\_\_\_\_

Participant Name	Birth date	M/F
_____	_____	_____
_____	_____	_____

Participant requires reasonable modification due to a disability :  Yes  No