

Adult Yoga & Fitness

Join instructor Patty (PR) Brady for a renewing experience of mind and body. Participants should bring a yoga mat and water bottle. Classes are held at the Crystal Community Center, 4800 Douglas Drive.

Gentle Yoga

Soothe your mind and body. Great for those new to yoga.
320304-A1 Sundays, Jan. 14-Mar. 3 ~ 6:30-7:30 p.m.
\$79 Residents of New Hope and Crystal
\$86 Nonresidents

Happy Joints

If you stand or sit all day, are inflexible or experience anxiety, specific Yin asana sequences will help.
320304-B1 Wednesdays, Jan. 10-Mar. 6 ~ 4:30-5:30 p.m.
\$89 Residents of New Hope and Crystal
\$96 Nonresidents

Energy Flow Yoga

Energize with breathwork, meditation, balance and more.
320304-H1 Wednesdays, Jan. 10-Mar. 6 ~ 3:15-4:15 p.m.
\$89 Residents of New Hope and Crystal
\$96 Nonresidents

REGISTER WITH: New Hope Parks & Recreation
4401 Xylon Avenue North
New Hope, MN 55428
763-531-5151

Strength Yoga

Increase or rebuild your strength and stamina with a practice that intertwines classic Yoga asanas with isometrics and mindfulness.

320304-D1 Thursdays, January 11-March 7
10-11 a.m.

\$89 Residents of New Hope and Crystal
\$96 Nonresidents



Chair Yoga

Great for those interested in increasing their flexibility and balance but find it difficult to get down to a yoga mat.

320304-E1 Thursdays, January 11-March 7
8:45-9:45 a.m.

\$89 Residents of New Hope and Crystal
\$96 Nonresidents

Refunds, program credits and transfers are allowed up to one week prior to the class. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Questions? Call 763-531-5151.

Online Registration! Go to webtrac.nhrecexpress.com



facebook.com/newhoperecreation

Adult Yoga & Fitness - Winter 2024

Name _____ Phone _____ Email _____

Address _____ City _____ Zip _____

Course _____ Date _____ Time _____ Amount Enclosed \$ _____

I, the undersigned parent, guardian or adult participant, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

Participant Signature _____ Date _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Security Code _____