



SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT  
P.O. BOX 28 • SPOTSYLVANIA, VA 22553 • 507-PLAY (7529)  
[www.spotsylvania.va.us/parkandrec](http://www.spotsylvania.va.us/parkandrec)



# Tai Chi & QiGONG Mon/Wed

(Adults & Teens 16 & Older) (Ages 12 -15 w/parent)

## Activity # 222901-12

**TAI CHI** is the wonderful Chinese art of balance. Through Tai Chi we work the energy of the body to reduce stress, depression, blood pressure, and our heart rate while improving our breathing, flexibility, mobility, balance, strength, circulation, posture, concentration, memory, and mental outlook.

**QIGONG** are postures and movements which enhance the functioning of our joints, our immune system, and all the main systems of our bodies for vitality and longevity.

**Tai Chi & QiGong** are done slowly and smoothly without the jumping and jarring impact of other exercise. *Tai Chi & QiGong do not include any exercises which require getting down on the floor.*

**WHAT TO WEAR?** Loose fitting clothes that allow a full range of movement and comfortable shoes that provide stability.

**Marti Wilson**, Certified Tai Chi Instructor

**WHEN:** Monday/Wednesday Evenings from 6:15pm - 7:15pm. To allow for those whose schedules may run them a bit late or have the need to depart early. QiGong will be taught at the beginning and end of each class with TaiChi during the main part of class.

**CLASS DATES:** December 2 – 30, 2019 (No Class December 25, 2019)

All classes will meet on Monday/Wednesday evenings, 6:15 p.m. – 7:15 p.m. at Salem Elementary School. (4501 Jackson Road, Fredericksburg, Va. 22407)

**FEE:**

\$40 per Spotsylvania County resident/ \$50 non - county resident. Make checks payable to: **"Treasurer, Spotsylvania County."**

**REGISTRATION BEGINS: November 4, 2019**    **REGISTRATION ENDS: November 22, 2019**

Complete the registration form and return it, along with the fee, to the Parks and Recreation Department. **NO Walk-ins Allowed.** There is a **minimum of 3 students** needed to conduct the class and **20 students maximum**. Class is open on a first come, first serve basis or until full. Make checks payable to: **"Treasurer, Spotsylvania County"**. **\$50 fee will be charged on all returned checks. \$10 charged on all late registrations. 2.95 % NON-REFUNDABLE CONVENIENCE FEE CHARGED ON ALL CREDIT/DEBIT CARD TRANSACTIONS.** Birth certificate is required at time of registration if not already on file.

**To Register online:** A Household waiver must be completed and on file at the Parks and Recreation office prior to registering online. Visit [www.spotsylvania.va.us/parksandrec](http://www.spotsylvania.va.us/parksandrec) for online registration.

**WITHDRAWALS**

Those wishing to withdraw from the class must do so by contacting the Spotsylvania Parks and Recreation Department one week prior to the posted deadline of the program. A 20% administrative fee will be charged on all refunds. Individuals should follow up their verbal cancellation request with a written refund request. Failure to attend class does not constitute a proper withdrawal and the participant will not receive a refund.

SPOTSYLVANIA PARKS & RECREATION DEPARTMENT  
P.O. Box 28 Spotsylvania, Virginia 22553 (540) 507-PLAY (7529)  
[www.spotsylvania.va.us/parksandrec](http://www.spotsylvania.va.us/parksandrec)

**Leisure Activity / Class Registration Form**

**Please Print Legible – (**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Complete Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Is this a new address or phone number? \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age (where Applicable) \_\_\_\_\_ Birth date \_\_\_\_\_

Birth certificate is (circle one): on file enclosed (A birth certificate must accompany this form if not already on file.)

**Shirt Size (circle):** Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)  
(If Applicable) Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult Xlarge (46-48)

Medical conditions, injuries, or allergies \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**Class/Activity Name** \_\_\_\_\_

**Class / Activity Date(s)** \_\_\_\_\_ **Activity Number** \_\_\_\_\_

**Fee: \$** \_\_\_\_\_ (Add \$10.00 if registering after the deadline date stated on front page of form.)  
(\$50 Fee On All Returned Checks)

**Release of Claims:** (Parent or Guardian must sign for those under age 18): **I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, and Spotsylvania County School authorities, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program.** I understand that if I withdraw from the class/program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a class/program does not constitute a proper withdrawal, and the participant will not receive a refund.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

Checks Payable to "Treasurer, Spotsylvania County." (\$50.00 Fee On All Returned Checks)