

Lindenwoods SPRING Session 2026- Part 2



In-Person Classes Starts Tues May 19th to June 29th, 2026 (6 Week Session)

6 Week Session

EARLY BIRD RATE: 6 Class Pass for \$65 or 12 Class Pass for \$115 or Unlimited Class Pass for \$140 (Yoga included) if you register by May 10th, 2026. Please select the timeslot of your choice.

In-Person ZUMBA & Zumba Toning with Laura & Alyssa

Tues/Thurs 7:15 pm to 8:15 pm (Thurs Class is Half Zumba Toning)
Monday 10:00 am to 10:55 am

In-Person Yin Yoga with Corray

Thursday 6 pm to 7 pm

In-Person Strong Nation with Judy

Saturday 9:15 am to 10:15 am

Livestream Classes with Yvonne, Brittany, Laura, & Judy

Monday 7 pm Zumba & Yoga "Pop-up" Classes
Sat/Sun "Pop-up" Classes w/Yvonne & others

30 Day VIRTUAL Zumba & Yoga Classes-Over 30 classes on-demand every day for a month

Virtual Classes include Zumba, Zumba Toning, Yoga classes. Strong Nation, Weight Training & MORE

Virtual Only \$50/month or \$15 per week

Virtual Special \$99 (for 3 Months)

Check out the latest livestream & virtual class schedule at www.yvonesfitness.ca



Yvonne's Fitness Registration Form- Lindenwoods CC

Winter 2026 PART 2- Tues. May 19th to Mon. June 29th (6 Week Session)

Yvonne's Fitness-Cell: (204) 295-6060, zumbafunwithyvonne@gmail.com, www.yvonesfitness.ca

Please fill out in full and return back with full payment to Yvonne's Fitness (e-transfer or pay online)

Name: Address:

Phone (Day): Phone (Evening/Cell):

E-Mail Address: Age:

I consent to receiving e-mail regarding Zumba & Fitness activities with Yvonne's Fitness* YES NO

Emergency Contact Name: Phone #:

Please indicate which timeslot you will be attending (Limited SPOTS-Reserve Early):

Zumba Classes-in large gym

- Tues 7:15-8:15 pm
Thurs 7:15-8:15 pm (Half Zumba & Half Toning)
Mon 10:00-10:55 am (NEW TIME)

Yin Yoga Class in MPR

Thurs 6 pm to 7 pm

Strong Nation Class in MPR

Sat 9:15- 10:15 am

Livestream & Virtual Classes

Monday 7 pm "Pop-up" Classes

AND 30-DAY Virtual recordings (over 30 classes) on demand any time-links sent every 1st of the month.

What pass would you like? (Incl. GST)-once/week, get 6 class pass; twice/week, get 12 class pass, three/unlimited

6 CLASS PASS*\$65/\$70 12 CLASS PASS *\$115/\$125 Unlimited CLASS PASS... *140/\$150

Early Bird Pricing by May 10th, 2026

- Zumba or Yoga Drop-in.....\$15
Virtual Only....\$50/month Virtual Only....\$15/week
Virtual 3 Month Special for \$99 (Virtual Classes every day any time)

In-Person Passes are non-refundable and non-transferable and expire at the end of Spring Session Part 2

Total Payment Enclosed: \$ Payment Type: Cash E-transfer (zumbafunwithyvonne@gmail.com) online payment (www.yvonesfitness.ca) (no cheques please)

Submit: Registration Form, PAR-Q & Waiver Form, & Payment to Yvonne's Fitness

Yvonne Bayer-Cheung is a licensed Zumba& Yoga Instructor with certifications in Zumba Basic 1 & 2, Zumba Toning, Zumba Kids, Zumba Gold, Aqua Zumba & Zumba Step. Strong Nation & Zumbini as well as YogaFit Level 1,2,3,4 & Seniors & Kids. She is also a certified FIS (Fitness Instructor Specialist), and CanFitPro member and CPR Trained. Yvonne has over 20 years of dance and teaching experience. Register early and reserve a spot now. E-mail at zumbafunwithyvonne@gmail.com or call 204-295-6060 for more information. Check out www.yvonesfitness.ca or www.facebook.com/ZumbaWithYvonne .

Schedule subject to change.

PAR-Q & YOU
Physical Activity Readiness Questionnaire
& Fitness Waiver

All participants are required to read and fill in the form, answering in truth in order to register and participate in any of the Zumba/Yoga classes at LWCC. Once completed, submit with full payment to Yvonne's Fitness.

PAR-Q & YOU: Please check the appropriate answer:

1. Has your Doctor ever said that you have heart condition and that you should only do physical activity recommended by a Doctor? YES___ No___
2. Do you feel pain in your chest when you do physical activity? YES___ No___
3. In the past month, have you had chest pain when you were not doing physical activity? YES___ No___
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES___ No___
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? YES___ No___
6. Is your Doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? YES___ No___
7. Do you know of any other reason why you should not do physical activity? YES___ No___

*****If you checked "YES" to any of the questions above, you will require your doctor's approval before participating*****

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR ZUMBA/YOGA/FITNESS CLASSES

_____ (herein referred to as the participant)

(Print YOUR name)

I, the above named participant, hereby agree to the following:

1. I am participating in classes taught by the authorized ZUMBA/YOGA/FITNESS instructor or licensed substitute. I recognize that the classes may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and interval training, muscle strength and endurance training, and other various fitness activities that may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA/YOGA classes. I represent and warrant that I am in good physical condition and do not suffer from any known disability or medical condition which would prevent or limit my participation in this exercise program.
3. In consideration of being permitted to participate in ZUMBA/YOGA classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as result of participating in the program.
4. In consideration of being permitted to participate in ZUMBA/YOGA classes, I knowingly, voluntarily and expressly waive any claim I may have against licensed instructor for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, discharge and covenant not to sue licensed instructor for any injury of death caused by their negligence or other acts.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

DATE

PARTICIPANT SIGNATURE

If participant is under age 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE

SIGNATURE OF PARENT