Mat Pilates

Promote strength and flexibility at lunchtime. This mat class is based on exercises developed by Joseph T. Pilates, a physical therapy pioneer. By developing your core control, this class re-patterns, realigns your body to improve balance and coordination while decompressing your joints to improve circulation.

Class size: 6 minimum, 12 maximum
Cost: $25 for SRC members and non-members
Class Days / Times: Mondays Noon to 1 pm
Thursday Noon to 1 pm
Session I: May 15 to June 22
Session II: July 6 to August 10

Class is held in the Salus chapel
The Monday series is separate from the Thursday series, each is $25.

The Non-member faculty, staff, or alumni and spouse fee replaces the purchase of a Daily Use Pass and provides for class participation only, not full use of the Simon Recreation Center. All classes are held in the Simon Recreation Center. The Department reserves the right to cancel and/or reschedule any classes due to low enrollment. Visit us on the web at www.slu.edu/organizations/crcisc. If you have any questions or comments regarding instructional classes, please contact Glen Kemper, Fitness Programs Coordinator at 977-3969.

Late Registrations: Anyone may register at any time for a Fitness Program as long as there is availability in the class. Once half the classes have passed, the fee will be reduced to half. This requires the approval of the Fitness Coordinator.

Refunds: 1) Before a class has started anyone may receive a full refund for any reason. 2) Once classes have started, scheduling conflicts will first be resolved by switching sections or courses. A pro-rated refund is possible for documented health or schedule changes. Refunds will not be made after half the class dates have passed – exceptions may be made in extraordinary situations.

User agrees that all physical activities, including the use of weights & any equipment, Machinery, or apparatus designed for exercise shall be at user’s sole risk. Notwithstanding any consultation or use of equipment, facilities or exercise programs which may be provided by SLU employees or agents, it is hereby understood that the selection of activities, exercise programs, methods and type of equipment will be user’s entire responsibility. Knowing the risks & in consideration of using the facility, user agrees to waive, release & discharge SLU its employees/agents from all claims, demands or actions of any kind or nature which may be brought by user or anyone who might make a claim on user’s behalf arising out of user’s activities & use of any services, equipment, machinery or apparatus provided by University notwithstanding the negligence of SLU, its trustees, officers, employees or agents. User’s is responsible for becoming familiar with all Campus Recreation policies noncompliance may result in the suspension of privileges.

Name:__________________________________________________
Member/Student Number #_________________________________
Contact Phone(s)_________________________________________
Contact Email:____________________________________________
Status: ___Student ___Faculty ___Staff ___Alumni ___Non-Member

Please check the appropriate class(es) below:
☐ Session I  ☐ Session II
☐ Monday, 11:45-12:45 pm
☐ Thursday 11:45-12:45 pm

Make Checks Payable to Saint Louis University

SIGNATURE_______________________________________ DATE_____

FOR OFFICE USE ONLY: _____Cash   Check #_______ Credit Approval:_______ Initials_______ Date_____