



加拿大糖尿病協會多倫多華人分會繼續邀請持有香港太極學院太極拳師訓練證書的郭詠觀醫生為新一期的太極班擔任義務導師。在新一期的太極班，郭醫生將會教授『簡化二十四式太極拳』，並會為已有太極拳基礎的學員教授『太極功夫扇』。

簡化二十四式太極拳源於1955年，以楊式太極拳為基礎。此拳式保留太極拳的傳統風貌，並且突出太極拳的群眾性和健身性。

太極功夫扇源於北京老年體協。為支持北京申辦2008年奧運會，體協大力開展老年的體育鍛鍊，至今已成為最受歡迎的太極健身項目之一。太極功夫扇將扇子的揮舞和太極的運動技巧靈活融合，而且易學易練，確是強身健體的首選！

### 上課日期、時間：

2019年4月3日至6月26日。每週三晚上7:30-9:00上課，共13節課。

### 授課語言：廣東話

### 截止報名日期：

2019年3月20日，名額有限，欲報從速。

### 課程費用：每位 \$45

### 課程地點：

105 Gibson Centre, Gibson Drive,  
Markham ON, L3R 3K7  
(近TTC 53E和68車站)

### 注意事項：

- 本課程只限會員(18歲以上) 報名。如閣下是非會員並有興趣參與本班，請填妥『會員申請表』以及『太極班報名表』後寄回本分會。
- 請確保在課程開始前1小時內進食，並攜帶足夠的水和零食。
- 請於課程開始前10分鐘到達場館並穿著舒適的運動衣著和鞋履。
- 請務必攜帶可以更換的室內鞋。
- 請於報名表格內留下聯繫方式，以便本會聯絡閣下有關於課程作出更改的事宜。

### 報名詳情：

如有需要查詢有關課程，請致電加拿大糖尿病協會多倫多華人分會(電話：416-410-1912)。

請在報名支票台頭寫上：

Diabetes Canada – Toronto Chinese Chapter

- 報名表格連同支票須於2019年3月20日前寄回本會：  
Diabetes Canada – Toronto Chinese Chapter  
P. O. Box # 42071  
2851 John Street, Markham, Ontario, L3R 5R7
- 每位參加者必須在報名表格上簽妥『免責聲明』，並附上聯繫方式。
- 本會將於2019年3月27日前以電話聯絡閣下通知作實。一經確定，恕不退款。如閣下於此日期前尚未收到通知，請即與本會聯絡。

如欲申請成為會員，請登入本會網站 [www.diabetes-chinese.ca](http://www.diabetes-chinese.ca) 下載會員申請表格。填妥後並連同太極班表格及支票寄回本會辦理。



姓 Surname	名 Given Name	會員號碼 Membership No.	新會員(✓) New Member	住址或電郵地址 Address or E-mail	聯絡電話 Contact No:
			參加人數 Total number of participants	支票總額 Total cheque amount	\$

\*新會員請填寫會員申請表，並與此報名表一起寄回本分會。

## 免責聲明

根據加拿大法律規定，「免責聲明」必須以英文書寫。以下為英文版的「免責聲明」。

**THIS AGREEMENT** is made by the undersigned (which shall bind his heirs, assigns and personal representatives) in favour of Diabetes Canada – Toronto Chinese Chapter and all its committee members, advisors, officers, agents, employees, volunteers, sponsors and patrons (hereinafter collectively called the “Association”).

NOW BY THIS AGREEMENT:

1. In consideration of the Association accepting the undersigned as its member/visitor, the undersigned hereby COVENANTS with the Association that the undersigned shall waive all his right and claims against the Association for damages or otherwise with regard to his injury, illness or death or loss or damage to his property that may arise from participating or in connection with any activities organized by the Association including but not limited to qigong class -or practice, outings and social functions such as karaoke singing and shall further keep the Association fully and effectually indemnified against all actions, proceedings, accounts, claims or demands (and all costs and expenses incurred in connection therewith) which may be brought or made or threatened to be brought or made by the undersigned or any person relating to the aforesaid.
2. The undersigned agrees that he will consult his own physician and obtain such necessary medical advice as may be appropriate before joining any activities of the Association.
3. For the purposes of this Agreement, (where the context permits) any gender shall mean and include all other genders and the singular shall mean and include the plural and vice versa.
4. The undersigned confirms that he has read and fully understands the contents herein and has obtained appropriate legal advice upon the request of the Association to consult his own lawyer before signing this Agreement.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(日期) (正楷姓名) (簽名)

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(日期) (正楷姓名) (簽名)

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(日期) (正楷姓名) (簽名)

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
(日期) (正楷姓名) (簽名)

\*根據法律要求，請務必用英文填寫正楷姓名 (Print Name) 一欄。

