



加拿大腦保健舞舞蹈學會

BRAIN BEAT DANCE CANADA SENIOR ASSOCIATION

www.bbdcanada.com email: info@bbdcanada.com phone: 416-616-3885

加拿大腦保健舞舞蹈學會是聯邦政府註冊的非牟利團體。創辦人是袁彩虹女士。

腦保健舞舞蹈學會的宗旨是通過腦保健舞蹈實踐強身健體，開發智力，舒緩壓力及抑鬱，延遲腦部退化。腦保健舞有三種不同的型式：站立舞、坐座舞、詠唱舞。

腦保健舞運用世界著名樂曲結合舞蹈，除促進四肢及關節的運動外，亦可引發各族裔對他國文化的興趣，最主要是衝擊日常少用或棄用的腦神經機能，使其重新活躍，增加身体各部分的觸感，並通過與人的接觸，消除孤獨。

腦保健舞適合于各類人士：長者、兒童、就算坐輪椅的人士也可以參與。

Brain Beat Dance Canada Senior Association (BBDCSA) is a not for profit organization registered under the Corporations Canada Act since 2006. Founder of BBDCSA is Ms. Rainbow Yuen.

The mission of BBDCSA is to encourage seniors to stay mentally, emotionally, and physically healthy through practice of Brain Beat Dance.

Brain Beat Dance has three different styles:

1. Standing Dance;
2. Sitting Dance;
3. Singing Dance

Brain Beat Dance is an ideal exercise program for all ages, adults, children, seniors, and physically challenged persons.

Brain Beat Dance is a new style of exercise first introduced to Canada in 2004. It consists of a special dance style and unique steps, which when paired with famous and popular music helps to improve concentration and body coordination. It activates the non-active part of the brain, improves the sense of one's body, and also helps to improve communication with other people to prevent loneliness. When combined with multicultural music, it also exposes dance students to the cultures of different countries.

BBDCSA Membership Application 加拿大腦保健舞舞蹈學會會員申請表

Name 姓名： _____ (Chinese 中文) _____ (English)

Email 電郵： _____ @ _____

Address 地址： _____

Postal Code 郵政號碼： _____

Telephone 電話：

Home 住宅： _____ Cell. 手提： _____

Membership type: General Member 普通會員 Lifetime General Membership
 Certified Instructor 認可導師會員

Membership Fee 會費：

General Member 普通會員： C\$10.00 (without voting rights);

General Member (Lifetime payment) 永久普通會員： C\$20.00 (without voting rights)

Certified Instructor 認可導師會員： C\$20.00 (with voting rights) ;

普通會員權利： 有會員電子通訊，會員可投稿發表對 BBDCSA 的心得及提議，並有優先參加本會舉辦之活動之權利。

認可導師會員權利： 有導師會員之權利。亦可參加週年大會、投票或成為董事。參加導師新舞介紹，參與導師考試實習之示範團員。

申請者明白：

1. 凡參加本會活動者，如有任何損傷，責任自負。
2. 本會經常在活動中拍攝照片以作宣傳之用，如不欲被拍攝，請與本會職員言明。
3. 乘坐任何車輛出席本會活動，均為參加者自願之選擇，蓋與本會無關。
4. 會員同意學會申請用社區中心地方時可能要交出會員姓名及郵政號碼。
5. 會員同意不能擅自或未經學會批准而開班教授腦保健舞。

Applicant's signature 申請者簽名: _____ dated _____

Office use only

Payment by Cash 現金： \$ _____ Cheque # _____ Bank _____ for \$ _____

Received by _____ on _____, 20 _____

Approved by Board: _____

