



香港中文大學職員協會

保健養生瑜珈班

內容：透過拉筋以舒緩痛症(例如：肩頸痛或背痛)及改善失眠、帶氧運動除加強心肺及輕肌力訓練度，亦可提升免疫力，課程適合男女人士及初學者參加。

導師：郭淑賢女士 (Kathie Kwok) 修習瑜珈 30 年，超過十年的瑜珈教導經驗，除瑜珈教練證書外，並具有身心健康有關的課程訓練員證書。

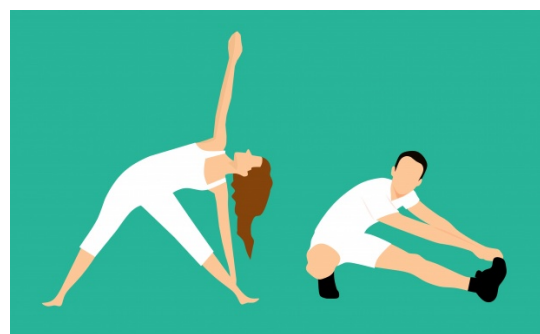
資歷：1. SCAA High-level Yoga Instructor

2. Canada Stretching Therapy Association - Professional Stretch Teacher

3. Hong Kong Stretching Exercise Association - Stretching Instructor

經驗：現任瑜珈導師機構-1. SCAA 南華會瑜珈班(16年) 2. 菩提行正念瑜珈班 (18年) 3. 前香港教育專業人員協會(5年)

班別：	保健養生瑜珈班 (逢星期四)
日期：	07/5/2026 - 02/7/2026 (共8堂) (18/6/2026除外)
時間：	15:00 - 16:30
地點：	富爾敦樓307室
費用：	會員/退休會員/家屬:\$640
	非會員:\$690
截止日期：	16/4/2026
備註：	自備瑜珈墊及穿著輕便服飾



查詢：關小姐/林小姐 電話：3943 0806 傳真：2603 6363(辦公時間：星期一至五 上午十一時至下午六時)
WhatsApp：9188 8758 電郵：staff-association@cuhk.edu.hk

保健養生瑜珈班 - 報名表格

本人擬參加香港中文大學職員協會主辦之保健養生瑜珈班。

付款方法：(請填妥以上表格) ****付款後務必收到本會收據方為作實****

1. 繳付支票：連同表格交職協 (支票抬頭：香港中文大學職員協會/Staff Association of the CUHK)；

2. 繳付現金：連同表格交職協林小姐辦理 (11:00 - 18:00)；

3. 銀行入數：恆生銀行帳戶簡稱 STAFF ASSN OF CUHK/帳號 293-282828-002 入數收據連同表格遞交職協：

WhatsApp 9188 8758 或 傳真 26036363 或 電郵 staff-association@cuhk.edu.hk

*****使用銀行櫃檯入帳，將收取\$30 銀行服務費*****

會員/家屬姓名：_____ 會員編號：_____

部門：_____ 聯絡電話：_____

現金/支票/轉帳(號碼：_____) 日期：_____

電郵：_____

注意：1. 學員明白這是學員自身的責任，有需要時諮詢其醫生的意見，以了解其身體狀況是否適合參加本會的瑜珈班。

2. 學員明白其參與本會的課程屬自願性質，並清楚其所附帶之受傷風險。學員同意本會母須在學員開始或繼續本會的瑜珈課程前，對學員之身體狀況作出評估。如因某些原因，學員於參與本會瑜珈課程期間受傷或身故，學員及其家屬同意放棄向本會、本會之幹事、員工、場地負責人、活動主持人或瑜珈課程之導師追討及索償之權利。如有需要，學員可自行購買相應之保險。

3. 學員同意和明白是自身責任妥善保管其私人財物，並同意如有失竊的情況本會概不負責。



Staff Association of The Chinese University of Hong Kong

Health and Wellness Yoga Course

Content: Relieve pain (such as shoulder, neck or back pain) and improve insomnia through stretching, aerobic exercise can not only strengthen the heart and lungs and light muscle strength training can also improve immunity. The course is suitable for both men and women and beginners.

Instructor: Ms. Kathie Kwok (郭淑賢女士) has been practicing yoga for 30 years & has more than 10 years of yoga teaching experience. In addition to the yoga instructor certificate, she also has a certificate of physical and mental health-related course trainer.

Qualification: 1. South China Athletic Association = High-level Yoga Instructor
2. Canada Stretching Therapy Association – Professional Stretch Teacher
3. Hong Kong Stretching Exercise Association – Stretching Instructor

Experience: Current Yoga Instructor Organization - 1. South China Athletic Association Yoga Class (16 years)
2. Bodhi Yoga Class (18 years) 3. Ex-Hong Kong Professional Teachers' Union Yoga Class (5 years)

Class:	Health and Wellness Yoga Course (every Thursday)
Date:	07/5/2026 – 02/7/2026 (8 lessons) (Except 18/6/2026)
Time :	15:00 – 16:30
Venue :	Room 307, John Fulton Centre
Target :	Retired members and family members
Fee:	Member/Family Member : \$640
	Non-member: \$690
Deadline :	16/4/2026
Remarks:	Bring your own yoga mat and wear sports clothings



For enquiry: Ms. Kwan/Ms. Lam Tel:3943 0806 WhatsApp:9188 8758 Fax:2603 6363
(Office Hours : Monday to Friday 11:00 – 18:00)

Health and Wellness Yoga Course – Enrollment Form

I intend to participate in the yoga class for Health and Wellness Course organized by the CUSA.

Payment Method : (fill in the form) **You must receive a receipt from CUSA after payment**

- Pay by Cheque:** Please send the cheque (payable to “Staff Association of the CUHK”) with the enrollment form to CUSA (RM 308, John Fulton Centre);
- Pay by Cash:** Please submit the form and pay cash to Ms Lam at CUSA office (11:00 – 18:00);
- Bank Transfer:** Hang Seng Bank Account (Short Form/No : STAFF ASSN OF CUHK/024-293-282828-002)

Pls send the bank transfer record with the form to CUSA:

WhatsApp : 9188 8758 OR Fax : 2603 6363 OR Email : staff-association@cuhk.edu.hk

*****A bank service fee of \$30 will be charged for bank over-the-counter deposits*****

Member Name: _____ Member No. : _____

Dept. : _____ Tel: _____

Cash/Cheque/Bank-in (No : _____) Date : _____

Email: _____

Note: 1. The student understands that this is the student's own responsibility, and if necessary, consult their doctor's opinion whether their physical condition is suitable for participating in the yoga class of the association. 2.Participants understand that their participation in the courses of the Association is voluntary, and they are aware of the risk of injury. The student agrees that the association need not to assess the physical condition of the students before the course no matter it starts or continues. If for some reason, a student is injured or dies while participating in our yoga class, the student and his family members will not seek any compensation from the association, its officers, employees, venue managers, event hosts or yoga course instructors. Students can purchase corresponding insurance by themselves if needed. 3.The students agree and understand that it is their own responsibility to properly keep their personal belongings, and agree that the Association will not be responsible for any theft.