

**MURRAYFIELD
SKATING SCHOOL**

**HOCKEY KIDS CLASS
7 Week Course**

£8 per week

**STARTS
Friday 2nd November 2018**

6.00 – 7.00 PM

For skaters with own hockey skates only

PARENTS ARE ADVISED TO REMAIN IN RINK

For office use only

Amount received £ _____ **BT / Chq / Cash**

Signed _____ **Date** _____

Date Processed _____ **Signed** _____

Please circle weeks attending;

02/11 09/11 16/11 23/11 30/11
 07/12 14/12

NAME; **AGE;**

HOUSE NUMBER; **POSTCODE;**

EMERGENCY CONTACT NO;

.....

E-MAIL ADDRESS (please print clearly)

.....

HEALTH/MEDICAL CONDITIONS WE SHOULD BE

AWARE OF;

.....

NO REFUNDS GIVEN AFTER CLOSING DATE

Bank Transfer Details;

'MURRAYFIELD SKATING ACADEMY', Sort Code; 80-22-60
Account No; 17906367, Your Reference; S<SKATERS NAME>

Please email murrayfieldskatingschool@ymail.com once transfer completed to ensure a quicker processing time of application.

CONSENT

I, (OR participants guardian) _____ (full name) give my consent on behalf of myself/son/daughter named above for myself/him/her to receive tuition at the Murrayfield Skating School learn to skate classes. I further confirm that myself/son/daughter has no medical condition that would make it inadvisable to receive such tuition. I have also read and understood the assumption of risk information displayed clearly around the arena given the possible risk from falls etc.

SIGNATURE _____ **DATE** _____