

MURRAYFIELD SKATING SCHOOL

FRIDAY HOCKEY SKATING CLASS - 6 WEEKS APR & MAY 2017

6.00pm - 7.00pm CLOSING DATE THURS 6th APRIL £42.00

7/4/17 21/4/17 5/5/17 12/5/17 19/5/17 26/5/17

PLEASE NOTE THERE IS NO CLASS FRI 14th & 28th APRIL

PLEASE CIRCLE DATES ATTENDING (£7.00 PER SESSION PAYABLE IN ADVANCE)

FOR OFFICE USE ONLY

AMOUNT RECEIVED _____ CHEQUE / CASH CHEQUE PAYMENTS
DATE PROCESSED _____ PAYABLE TO
SIGNED _____ MURRAYFIELD
SKATING SCHOOL

NAME _____ AGE _____

ADDRESS _____

TEL N.o _____ Emergency N.o _____

CONSENT

I, (or participants guardian) _____ (full name) give my consent on behalf of my son/daughter named above for him/her to receive tuition at the Murrayfield Skating School learn to skate classes. I further confirm that my son/daughter has no medical condition that would make it inadvisable for them 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 _____