

# MURRAYFIELD

## SKATING SCHOOL

### 4 WEEK COURSE

(FOR CHILDREN)

**£30**

STARTS

**Monday 29 April 2019**

(no class 06/05/19)

**4.15pm – 5.00pm** Beginners, SkUk L1 & 2

Price includes :-

Practice on Ice from 4.15 pm

30 minute Group Lesson at 4.30 pm, Skate Hire

**NO HOCKEY SKATES ALLOWED**

**CLOSING DATE 26/04/19**

**PARENTS ARE ADVISED TO REMAIN IN RINK**

(For office use only)

Amount received £ \_\_\_\_\_ BT / Chq / Cash

Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Processed \_\_\_\_\_ Signed \_\_\_\_\_

**PLEASE NOTE: To participate in these classes applicants must be able to balance and move forward unassisted.**

NAME..... AGE.....

House/Flat Number..... Postcode .....

EMERGENCY CONTACT NO

.....

E-MAIL ADDRESS (please print clearly)

.....

HEALTH/MEDICAL CONDITIONS WE SHOULD BE  
AWARE OF

.....

Skate Uk Level Passed (if applicable) .....

**\*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](mailto:murrayfieldskatingschool@ymail.com) once transfer completed to ensure a quicker processing time of application.

Postal Address If Required (Bank transfer/Email preferred);

Alice Fell, Murrayfield Ice Rink, Riversdale Crescent, Edinburgh, EH12 5XN

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** \_\_\_\_\_