

MURRAYFIELD SKATING SCHOOL

5 WEEK COURSE
(FOR CHILDREN AND ADULTS)

£50

STARTS
Saturday 12th January 2019

9.30am-10.00am Beginners to Passed L7

Price also includes:-
Skate Hire
Admission to 10.00am – 12.00pm Session
1 adult spectator

NO HOCKEY SKATES

CLOSING DATE 09/01/19

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)

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HEALTH/MEDICAL CONDITIONS WE SHOULD BE AWARE OF

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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 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** _____