

# MURRAYFIELD SKATING SCHOOL

**5 WEEK COURSE**  
(FOR CHILDREN AND ADULTS)  
**£45.00**

**STARTS**  
**Saturday 21<sup>st</sup> Apr. 2018**

**9.15am for 9.30am**

**Price Includes:-**  
**Admission & Skate Hire to 10.00am – 12.00pm Session,**  
**1 adult spectator**  
**30 Minutes Group Lesson 9.30am – 10.00am**

**CLOSING DATE 18/04/18**

**PARENTS ARE ADVISED TO REMAIN IN RINK**  
**APPLICATION FORM ON REVERSE**

**For office use only**

**Amount received £** \_\_\_\_\_ **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.....**

**ADDRESS.....**

**..... POST CODE.....**

**Tel No.....**

**EMERGENCY CONTACT NO**

**.....**

**E-MAIL ADDRESS (PLEASE PRINT CLEARLY)**

**.....**

**SKATE UK LEVEL PASSED \_\_\_\_\_**

**PLEASE INDICATE BELOW ANY HEALTH/MEDICAL  
CONDITIONS WE SHOULD BE AWARE OF**

**.....**

**NO REFUNDS GIVEN AFTER CLOSING DATE**

**Please make cheques payable to Murrayfield Skating School and send to:-  
Alice Fell, Murrayfield Ice Rink, Riversdale Crescent, Edinburgh, EH12  
5XN Mobile: 07732302076**

## 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** \_\_\_\_\_