

# MURRAYFIELD SKATING SCHOOL

## ADULT CLASS 5 WEEK COURSE £50

STARTS

**Tuesday 8<sup>th</sup> January 2019**

**9.30am – 10.00am** Beginner to Passed L4

**10.00 – 10.30am** Passed L5 to Passport

**Price Includes:-**

**Skate Hire**

**30 Min Group Lesson/30 Min Practice**

**NO HOCKEY SKATES**

**CLOSING DATE 05/01/19**

---

(For office use only)

Amount received £ \_\_\_\_\_

BT / Chq / Cash

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

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

**Please Circle; 9.30-10.00 OR 10.00-10.30**

NAME.....

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