

**MURRAYFIELD
SKATING SCHOOL
TUESDAY
MORNING CLASSES FOR
ADULTS**

£45.00

**5 WEEK COURSE
STARTS**

**Tuesday 30th May. 2017
9.30am – 10.30am**

**Price Includes:-
Admission & Skate Hire and
30 Minutes Group Lesson**

**CLOSING DATE 26/05/17
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 _____

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 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 _____