

# MURRAYFIELD SKATING SCHOOL 5 WEEK COURSE

(FOR CHILDREN)

**SNOWTOTS UNDER 5'S CLASS INCLUDED**

**£30.00**

**STARTS**

**Wednesday 18<sup>th</sup> Apr. 2018**

**4.15pm – 5.00pm**

**Beginners – Sk8uk level 8**

**Price includes :-**

**Admission, skate hire, 1 adult spectator**

**30 minute group lesson included**

**NO HOCKEY SKATES ALLOWED**

**CLOSING DATE 14/04/18**

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