

**MURRAYFIELD
SKATING SCHOOL
5 WEEK COURSE
(FOR CHILDREN)**

£38

**STARTS
Wednesday 9th January 2019**

4.30pm – 5.00 pm Beginners to Passed L7

**Price includes :-
Practice on Ice from 4.15 pm
Skate Hire**

NO HOCKEY SKATES ALLOWED

CLOSING DATE 04/01/19

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)

.....

**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 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 _____