

**MURRAYFIELD  
SKATING SCHOOL  
5 WEEK COURSE**

**Whizz Kidz**

(FOR CHILDREN 7 YEARS AND UNDER)

**HOCKEY SKATES ONLY**

**£35.00**

**STARTS FRIDAY**

**1<sup>st</sup> September 2017**

**Beginners – Level 2**

Price Includes:-

Admission to 4.30pm – 6.00pm session, 1 adult spectator and  
30 Minutes Group Lesson

**GROUP LESSON STARTS 5.15pm**

**CLOSING DATE 31/08/17**

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