

**MURRAYFIELD  
SKATING SCHOOL  
Friday Whizz Kidz  
NOV – DEC 2017**

**HOCKEY SKATES ONLY**

**Beginners – Level 2**

**Commencing Friday 3<sup>rd</sup> NOVEMBER 2017**

**£7.00 PER SESSION** *(payable in advance)*

**PLEASE CIRCLE DATES ATTENDING**

**03/11/17 10/11/17 17/11/17 24/11/17 01/12/17 08/12/17**

**Price Includes:-**

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

**GROUP LESSON STARTS 5.15PM – 5.45PM**

**PLEASE NOTE: PARENTS/GUARDIANS ARE ADVISED TO REMAIN IN RINK**

**CLOSING DATE 03/11/17**

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