

# MURRAYFIELD SKATING SCHOOL

**6 WEEK COURSE**  
(FOR CHILDREN AND ADULTS)  
**£55.00**

**STARTS**  
**Saturday 2<sup>nd</sup> Sept. 2017**

**9.15am for 9.30am**

**Price Includes:-**  
**Admission & Skate Hire to 10.00am – 12.00pm Session,**  
**1 adult spectator**  
**30 Minutes Group Lesson 9.30am – 10.00am**

**CLOSING DATE 30/08/17**

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

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