



SPRING CAMP 2020

WITH IGOR TCHINIAEV @ MURRAYFIELD

on the 6th 7th & 8th APRIL 2020

APPLICATION FORM

GENERAL INFORMATION

SKATERS NAME

DATE OF BIRTH T-SHIRT SIZE

EMAIL

CONTACT NUMBER

SKATING INFORMATION

SKATING LEVEL FIELD MOVES ELEMENTS FREE

JUMPS ATTEMPTING

JUMPS LANDING

COACH

RELEVANT MEDICAL INFORMATION

The following information will be retained in confidential files and only used in case of emergency or to keep the skater safe. Please give details if applicable

Any medical conditions/allergies we should be aware of YES/NO

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Any relevant injuries or ailments we should be aware of YES/NO

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Is medication required when partaking in physical activity YES/NO

.....

Is there anything else we should be aware of YES/NO
please include anything that may affect the skaters learning

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EMERGENCY CONTACT INFORMATION

CONTACT 1 NAME
NUMBER

CONTACT 2 NAME
NUMBER

CONSENT FORM

I DO/DO NOT agree to photos/videos being taken for educational purposes.

I DO/DO NOT consent to photos/videos being used for promotional purposes, including but not limited to, Murrayfield Ice Rink and Murrayfield Skating Academy social media pages and websites.

I DO/DO NOT consent to Murrayfield Skating Academy contacting me via email or text to give me further information relating to Spring Camp 2020.

I agree to promptly update Murrayfield Skating Academy of any changes including general information, emergency contacts and medical information. I understand Murrayfield Skating Academy will hold this information in a confidential file and may use it in case of emergency. I understand that my child has no medical condition which would make it inadvisable for them to partake, however, in case of injury or illness, I consent to my child being given first aid treatment.

I understand the risk involved and agree that Murrayfield Skating Academy and their coaches, shall not be held responsible or liable for any injuries, loss or other damages resulting from any cause whatsoever, while in attendance or while on the premises. I consent to and agree to release Murrayfield Skating Academy, their coaches and Murrayfield Ice Rink from all claims, damages and cost resulting there from.

SKATERS NAME SIGNATURE

PARENT/GUARDIAN SIGNATURE

PAYMENT DETAILS - £220

£50 NON-REFUNDABLE DEPOSIT TO SECURE PLACE

OUTSTANDING BALANCE TO BE PAID NO LATER THAN 9th MARCH 2020

BANK TRANSFER – SORT CODE 80 22 60 ACCOUNT NUMBER 17906367

REFERENCE CAMP + SKATERS NAME

& CHEQUES PAYABLE TO MURRAYFIELD SKATING ACADEMY
