

PENRITH ICE PALACE

Skate School Enrolment 2019

CHILDREN UNDER 15, REQUIRE A PARENT/GUARDIAN TO COMPLETE THIS FORM

(PLEASE PRINT IN BLOCK LETTERS)

Form Completed By;

Full Name:	
Contact #:	
Email:	
Address:	Post Code:

Skate School Student's Information;

	Full Name:	DOB:	Current Level (circle):
1		DD / MM / YYYY	B / N1 / N2 / I1 / I2 / F / AF
2		DD / MM / YYYY	B / N1 / N2 / I1 / I2 / F / AF
3		DD / MM / YYYY	B / N1 / N2 / I1 / I2 / F / AF
4		DD / MM / YYYY	B / N1 / N2 / I1 / I2 / F / AF

Day/s Attending (please tick);

<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Saturday
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Emergency Contact/s; **At least one required**

Name:	Name:
Relationship:	Relationship:
Contact #:	Contact #:

By signing this form I,

- Agree that the information I have given is current and correct.
- Understand that although Penrith Ice Palace attempts to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken. I release and hereby indemnify Penrith Ice Palace, its coaches, and staff from and against damages, claims or demands in respect thereof.
- Understand all pass purchases are non-refundable/transferrable/replaceable and they can only be used by the person named on the pass. I also understand that passes will not be accepted after the expiry.

Signature:

Date:

DD/MM/YYYY

OFFICE USE ONLY

	1	2	3	4
Casual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Lesson Pass	\$95 # _____	\$95 # _____	\$90 # _____	\$90 # _____
10 Lesson Pass	\$170 # _____	\$165 # _____	\$160 # _____	\$155 # _____
8 Practice Pass	\$110 # _____	\$110 # _____	\$110 # _____	\$110 # _____
Office Signature:	Date: DD/MM/YYYY			