

# SATURDAY / SUNDAY OFF ICE REGISTRATION FORM

☐ PILATES: SATURDAY

☐ FLEX/STRETCH/BALLET + JAZZ/STREET DANCE: SUNDAY

*(Please tick which class(es) you are attending)*

NAME: .....

ADDRESS: .....

.....

TEL/MOB: ..... EMAIL: .....

Do you have any medical or other conditions that we should be aware of (eg allergies, asthma, diabetes, epilepsy, muscle/ligament injuries, ADHD)

If YES, please give details: .....

.....

Please list any medication you are taking: .....  
and, if appropriate, bring with you inhalers, epi-pens or sugar.

Under 18s: Will a parent/guardian be at the rink during your class time: YES / NO

If you will not have a responsible adult at the rink, we MUST be able to contact a parent/guardian.

Emergency Contact Name: ..... Tel/Mob: .....

Signed (by parent/guardian if under 18): .....

Wear comfortable and stretchy but not loose clothes (eg leotard or skating top and leggings or dance pants) and ballroom or jazz shoes. Take a sports bottle of water to drink (and a towel if you think you'll want one).

PLEASE HAND IN WITH PAYMENT TO:

Laurenne Dorgan / Saturday Pilates  
[laurenne@alpdesignworks.com](mailto:laurenne@alpdesignworks.com)

Sandra Bland / Sunday Stretch-Flex & Dance  
[caroline-goddard@hotmail.com](mailto:caroline-goddard@hotmail.com)