



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

Sandra Bland / Sunday Stretch-Flex & Dance
sandrabland@yahoo.co.uk