



PERTH ICE ARENA SKATING ACADEMY



708 Marshall Road, Malaga ** Phone: (+61) 08 9248 9060

Email: perthicearena1@bigpond.com **

Ice Skating Lessons Term 2 2024

Tuesday	4.00pm – 5.30pm	30 th April-11 th June	2024	\$280.00	<input type="checkbox"/>
Saturday	9.30am – 11.00am	4 th May-15 th June	2024	\$280.00	<input type="checkbox"/>
Sunday	9.30am – 11.00am	5 th May-16 th June	2024	\$280.00	<input type="checkbox"/>

*** PRICE INCLUDES:** 7 x 30 Minute lessons, entry, rental skates (if required) and 4 free public skating sessions to use throughout the term (7 weeks). The 4 free passes are for the Registered Skater Only and are not transferable and are only valid for the term of the Skating Academy dates on your pass card.

*** PLEASE NOTE:** Maximum class size up to 12 people. Classes fill quickly so please make sure your form is submitted and fees are paid to guarantee a place. This also applies for re-enrolments. The free passes must be used during the Skate Academy term and are for the registered skater only. **Enrolments with payments need to be made, by 14th April 2024, to be admitted in a class enrolment.**

**** CANCELLATION POLICY:** Please check you are available to attend ALL CLASSES, as no refunds will be given. Cancellations for Medical Illness must be made one week prior to the first scheduled class in order to receive a credit. A refund will only be given where a student withdraws prior to course commencement due to a serious illness, injury or disability that prevents them from attending the course (medical certificate required). After the start of the course a pro-rata credit may be considered for serious medical reason ONLY (medical certificate required). THERE ARE NO OTHER GROUNDS FOR REFUNDS AND THERE IS NO CATCH UP LESSONS IF YOU MISS YOUR CLASS. (Due consideration will be given if you have a Medical Certificate). Covid -19 Refunds will only apply if we are Directed to close the entire classes due to a shutdown order by the Government.

Skaters Full Name:	Skaters Address:
Skaters Age:	Post code:
Guardian's Full Name:	
Day time Contact Number:	Are you a first time Skater:
A/H Contact Number:	If no, Level you are moving into:
DATE OF TERM 2 FORM RECIVED BY EMAIL;	Email Address:
VISA MASTERCARD	
EFTPOS CASH CHEQUE	
OFFICE USE ONLY:	
TERM 2 /2024 TUESDAY SATURDAY SUNDAY	