

Walsall Artistic Roller Skating Club

Beginners Course Application Form

Course Start Date: _____

About the student

Name: _____

Age (if under 18): _____

Skate Hire Required: Y / N Size _____

Previous experience / Level Attained: _____

Contact details (for under 18's this should be the parent/guardian)

Name: _____

Email: _____

Phone: _____

Health

If you have any health issues that might affect your course please inform the coach

Office use

Paid _____ Ref _____