



PERTH ICE ARENA SKATING ACADEMY



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

Email: perthicearena1@bigpond.com **

Ice Skating Lessons Term 1 2026

Tuesday	4.00pm – 5.30pm	10 th February-24 th March	2026	\$360.00	<input type="checkbox"/>
Saturday	9.30am – 11.00am	14 th February- 28 th March	2026	\$360.00	<input type="checkbox"/>
Sunday	9.30am – 11.00am	15 th February- 29 th March	2026	\$360.00	<input type="checkbox"/>

*** PRICE INCLUDES:** 7 x 25 Minute lessons, entry, rental skates (if required), and unlimited free public skating sessions as per our time table listing ,to use throughout the term (7 weeks). The Complementary 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.
Payments by phone or at reception counter only.

* 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. Classes are set by age and skaters level where possible upon recite of all application's and class ages may vary. **Enrolments with payments need to be made, by 25TH JANUARY 2026, 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 OR TRANSFER LESSONS IF YOU MISS YOUR CLASS.,** .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 Age: Guardian's Full Name:	Skaters Address: Post code:
Day time Contact Number: A/H Contact Number:	Are you a first time Skater: If no, Level you are moving into:
DATE OF TERM 1 FORM RECEIVED BY EMAIL; VISA MASTERCARD EFTPOS CASH CHEQUE	Email Address:
OFFICE USE ONLY: TERM 1 /2026 TUESDAY SATURDAY SUNDAY	