



## SPICE Information Request Form

Date of request: -

Name of parent/guardians: -

Telephone no's:-

Email: -

Candidate's name: -

Age:-

Sibling's name: -

Age: -

Disability/Diagnosis: -

Does the child have a Statement of Special Educational Needs? Yes/No

Please answer the following questions regarding your child's mobility: -

Does your child walk unaided?

Yes/No

Have they ever been on the ice before?

Yes/No

Can they skate unaided?

Yes/No

Any other comments that might be helpful?

***SPICE requires commitment to attend regularly each Sunday where possible.***

***Please note that the primary aim of SPICE is to teach ice-skating to young people who cannot access mainstream courses.***

Please complete and return to [secretary@spiceskating.org](mailto:secretary@spiceskating.org)

Form revised December 2015