

## HORIZONS Children's Sailing Charity

## Activity Monitoring Form 2018

Group:			Session Date:			Session Time:		
Curriculum based theme or activity for school sessions:								
When completing the disabilities or medic	•			npleted	, if there are no	known me	dical conditions,	
diabetes, brittle bor confident in water.	nes, angina	, or any oth	ner heart condition	n and ai	re fit to particip	oate in sailin		
Please note that suf organisers need to k				not nec	essarily be exc	luded from	the course, but the	
Name of Party Leader:				Signature of Party Leader:				
Participants Details	(Including	g Adults)						
Full Name	Age	Gender	SEN, Disability, n		Parental Cons Yes/No	ent	Emergency Contact Name/Number	
Total Participants								
Total Participants:								
			Uarizon	s Hea O>	lv			
Staff/Volunteers:				S Use Only Activity/Destination:				
Craft on the water:				Certificates Issue				