



HORIZONS Children's Sailing Charity

Activity Monitoring Form 2017

Group Name Session Date Session Time

Curriculum based theme or activity

When completing this form please ensure all boxes are completed, if there are no known medical conditions, disabilities or medication, please write "None".

I declare that, to the best of my knowledge the below named people are not suffering from epilepsy, giddy spells, diabetes, brittle bones, angina, or any other heart condition and are fit to participate in sailing activities and are confident in water.

Please note that suffers of any of the above conditions will not necessarily be excluded from the course, but the organisers need to know, to ensure their safety.

Name of Party Leader Signature of Party Leader

All Participants Full names (Including Adults)	Age	M/ F	Parental Consent Gained? (Yes/No)	Details of any medical conditions, disabilities or medication e.g. Autism, or Carries Asthma Pump	Emergency Contact Name and Number

Total number of children

Total number of adults (e.g. Teachers/Assistants)

Horizons Use Only

Staff /Volunteers:
Activity/Destination:

Craft on the water:
Certificates Issued: