



Activity Monitoring Form 2022

This information will be stored on our Database and handled in line with our Privacy Policy.

Further Information

If you circled "Yes" in the Fitness to take part section, please provide additional details here.

E.G. Do we need to know about any coping strategies, or medication that relate to the safety of participants while on or off the water.

Special Category Data

Please Circle Below

I confirm that I have given Horizons the medical information listed on this page (if any) for the purposes of student's participation in the activities. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with Horizons legal obligations.

I agree

I do not agree