



Activity Monitoring Form 2023

School:	School Phone Number:	Session Date:
Curriculum based theme or activity for school sessions:		Session Time:

Please note this form needs to be completed in full before we can go afloat for safety reasons.

If there any medical or other reasons why the participant believes they may require some special consideration, please provide details in the Further Information Section. e.g. Do we need to know about any SEN coping strategies, or any disabilities or medical information? Please call us in advance if you think that any information declared will impact upon the person's ability to take part. We may just need to consider the most suitable way of getting them afloat.

The only information we will store beyond the date of your sessions will be ages, gender and number of people with any disabilities. We will not associate any names to this data. The data is used for funding compliance and fundraising.

I declare to the best of my knowledge that these people are confident in water and fit to participate in sailing activities, and we have listed any relevant information in the section provided.

Name of Party Leader:	Signature of Party Leader:
-----------------------	----------------------------

Participants Details (Including Adults)

	Name	Age or Staff	Gender	Additional Medical/Disability information supplied?
1				Yes / No
2				Yes / No
3				Yes / No
4				Yes / No
5				Yes / No
6				Yes / No
7				Yes / No
8				Yes / No
9				Yes / No
10				Yes / No
11				Yes / No
12				Yes / No
13				Yes / No
14				Yes / No
15				Yes / No
16				Yes / No
17				Yes / No
18				Yes / No

Total Participants:

Horizons Use Only

Staff/Volunteers:	Activity/Destination:
Craft on the water:	Certificates Issued:



Activity Monitoring Form 2023

The only information we will store beyond the date of your sessions will be ages, gender and number of people with any disabilities. We will not associate any names to this data. The data is used for funding compliance and fundraising.

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