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

**Participants Details:**

|  |  |  |
| --- | --- | --- |
| Full name:  | DOB:  | Gender: |
| Home Address: | Postcode: |
| Mobile: | Would you like to receive Horizons Text Messages? (e.g. session cancelations) | Yes  | No |
| **Fitness to take part and health declaration** | **Please Circle Below** |
| Are there any medical or other reasons why the participant believes they may require some special consideration? If you circled yes, please provide details in the Further Information Section.  | Yes | No |
| I give permission to Horizons to administer any relevant treatment or medication to the above-named participant when or if necessary | Yes | No |
| In an emergency, I authorise Horizons to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital’s diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital | Yes | No |
| Participant has read and agrees to follow the Horizons (Plymouth) Code of Conduct | Yes | No |
| **Parent/Guardian Consent and Preferences** | **Please Circle Below** |
| I declare to the best of my knowledge that this person is confident in water and fit to participate in sailing activities | Yes | No |
| Is your child allowed to make their own way home?If not, it is your responsibility to arrange transport to and from the club | Yes | No |
| For grant application purposes, do you or any of your immediate family have any current or recent connections with the armed forces, including Merchant Navy and fishing fleet? | Yes | No |
| Would you like Horizons to claim Gift Aid on your donations?I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. | Yes | No |
| **Primary Emergency Contact Details**  |
| Full name:  | Relationship:  |
| Mobile: |
| Home Address: Same [ ]   | Postcode: |
| **Secondary Emergency Contact Details**  |
| Full name:  | Relationship:  |
| Mobile: |
| Home Address: Same [ ]   | Postcode: |

|  |  |
| --- | --- |
| **Parent/ Guardian Signature:****(Or Applicant if over 16)** | Date:  |

**Use of Images**

Horizons activities may be photographed, filmed or otherwise recorded. This material is intended to be used for recording events and promoting or publicising our activities.

Children will often appear in these images, which may appear in local or national newspapers, or on televised news. Also Imagery may also appear in our brochures, printed publications, on social media or on project display boards.

If we use images of individual children, we will not use the full name of that child in the accompanying text or photo caption. If we name a child in the text, we will not use a photograph of that child to accompany the article. We will not use the personal details or full names (which means first name and surname) of any child in a photographic image or video, on social media, in our brochure or in any of our other printed publications without the consent of the parent/guardian and the child.

We need your permission before we can photograph or make any recordings of your child for these purposes. After reading the notes below **please circle your answer** to indicate your preferences.

**Preferences**

|  |  |  |
| --- | --- | --- |
| May we use your child’s photograph in brochures and other printed publications for promotional purposes or on project display boards? | Yes | No |
| May we use your child’s image (video & photograph) on our website/social media page? | Yes | No |
| May we record your child’s image on video? | Yes | No |
| Are you happy for your child to appear in the media e.g. newspapers? | Yes | No |

**Please note:**

If you have indicated NO to any of the boxes above, this does not affect your child’s ability to sail with Horizons. Whenever photography is being taken will we do our best to ensure your child is clear of the shot (there will be ample warning).

If however, you believe your child has been captured by any of these mediums, please inform the photographer or a course instructor.

If you later wish to withdraw your agreement, please contact us and we will do our best to remove any images as soon as is practical. Please be aware that if the image is any printed material we may not be able to remove it until we use existing stock and produce an updated version.

**Declaration**

I have read and understood the conditions of this form and have indicated my preferences. By agreeing to images being used, you agree to assign any copyright or any other right of ownership of these images to Horizons.

|  |  |
| --- | --- |
| Parent/Guardian Signature:(Or Applicant if over 16) | Date: |

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

|  |
| --- |
|  |
| **Further Information** |
| **Name:** |
| 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 my participation in Horizons 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 |