



Activity Information Form

DATA PROTECTION

This form is used to collect information about your young person for the purpose of the event named below, this is to be used by the Section Leaders only. As part of this form we collect personal data about your young person, this detail is required so that we can register them for the event. This form also collects sensitive (special category) data about your young person, this detail is required so that we can offer additional support if required and keep your young person safe whilst in our care. We may share your personal data in this form with third parties, we do this for event registration. These third parties are used on the basis that they align with our data privacy policies. We take your personal data privacy seriously. The data you provide to us is securely stored (based on local arrangements) and will be kept for 2 months after the event for any queries that arise before being securely destroyed. For further detail please visit our Data Protection Policy [here](#).

Please keep this top section for your own information, detach and return the bottom section to the Leader.

Event: Christmas Sleepover

Date: 14/12/18 - 15/12/18 Location: Kibblestone Scout Camp

Meeting place and time: Coplin Cabin at 19:30

Collection place and time: Main Car Park 12:00

Cost and payment £15
schedule if applicable: (please makes cheques payable to)

Transport details: n/a

Activities:

Further details (including supervision arrangements where the section leaders will not be present): n/a

Organiser and contact details: Kai Dean, 07775 727 773

Contact details during the event: As above

Note: All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.



Please complete and return this section to Explorers by 11/12/18

Event: Christmas Sleepover

Name of young person: D.o.B:

Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? Yes / No

Emergency contact: Phone:

Doctor's name and contact details: Details of any medications currently being taken:

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity: Details of any infectious diseases he/she has been in contact with in the last three weeks:

I enclose a cheque / cash for £ , and agree to the payment schedule outlined above.

I have noted the arrangements above and agree to the named young person taking part.

Signed: Date:

Relationship to young person:

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Please use the back of this form if more space is required