

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 leadership team 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, 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 [available at scouts.org.uk](https://www.scouts.org.uk).

Please keep this top section for your own information. Detach and return the bottom section to the organiser.

Event:

Date: _____ **Location**
:

Meeting place and time:

Collection place and time:

Cost and payment schedule if applicable: (please make cheques payable to _____)

Transport details:

Activities:

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

Organiser and contact details:

Contact details during the event:

Note: All activities will be run in accordance with The Scout Association's safety rules. No responsibility for personal equipment/ clothing and effects will 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 _____ by _____

Event

:

Name of young person: _____ **D.o.B:** _____

Are they able to swim 50 metres and stay afloat in light clothing? Yes No

Emergency contact: _____ **Phone:** _____

Cost and payment schedule if applicable: (please make cheques payable to _____)

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

Details of any disabilities, medical conditions, allergies, additional needs or cultural needs that organisers might need to be aware of:

Details of any infectious diseases they have 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: