## Activity Information Form



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| DATA PROTECTIONThis form is used to collect information about your young person for the purpose of the event named below, this is 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 two months after the event for any queries that arise before being securely destroyed. For further details please see the Scout Association’s Data Protection Policy.**Please keep this top section for your own information, detach and return bottom section to the Leader** |
| **Event:** | District Shooting Competition | **Date:** | Saturday 6th April 2019 |
| **Location:** | 1st Taverham Scout HQ, Sandy Lane, Taverham, Norwich, NR8 6JR |
| **Start time:** | 9.45 am |
| **Finish time:** | 4.30 pm |
| **Transport details:** | By parents |
| **Wear:** | Full uniform including Group scarf (Scouts may change for shooting)  |
| **Bring:** | Clothing according to the weather plus packed lunch/snacks and own mug |
| **Contact details during the event:** | Steve Reynolds – 07925 287707 |

*Please keep this section, detach slip below and return to your section leader*

**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.

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 Parent/Guardian - please complete this form and return to your leader by **22nd March 2019**

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| **Name of young person:** |  | **D.O.B:** |  |
| **Scout Group:**  |  |  |  |
| **Event:** | District Scout Shooting Competition 2019 |

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

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| I understand that photographs will be taken during the event in accordance with the UK Scout Association’s Child Protection Policy. I DO / DO NOT give permission for my child to be photographed. (PLEASE DELETE AS APPROPRIATE)  |  |
| **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:** |

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| **Signed:** |  | **Date:** |  |
| **Relationship to young person:** |  |

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