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 <u>available at scouts.org.uk</u>.

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

Event: Walesby Cold Camp

Date: 15th-16thth Feb 25 **Location:** Walesby Scout Camp NG22 9NG

Meeting place and time: 15th Feb Car Park @ Walesby @ 10am

Collection place and time: 16th Feb Car park at Walesby @ 11.30am

Cost and payment £10.00

schedule if applicable: (Please pay through the website www.resu.org.uk)

Transport details: Make own arrangements to and from the event

Activities:

Further details

(including supervision arrangements where

Please bring adequate clothing for the Event and time of year

the section leaders will not be present):

Organiser and contact details: Malc Turner 07740166560

Contact details during the event: Malc Turner 07740166560

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 Malc Turner (only if not paying online) by 3rd February 2025

Event: Walesby Cold Camp 15th-16th Feb 2025

Name of young person: D.o.B:

Emergency contact: Phone:

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 ${\tt f}$, 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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