Activity Information Form



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DATA PROTECTION

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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: Three Peaks of York	kshire Challenge		
Date: 7 th – 9 th June 2024	Location:	Yorkshire Dales	
Meeting place and time:	Brecks Scout hut 5.30p	om	
Collection place and time:	Brecks Scout hut 2.30p	om	
Cost and payment	£30		
schedule if applicable:	(please make cheques payab		
Transport details:	Minibus & Leaders vehi	cles	
Activities:	Hill walking		
Further details (including supervision arrangement the section leaders will not be pre			
Organiser and contact detai	ils: Jordan Card	low jordan@resu.org.uk	
Contact details during the event: Debbie Day 0		07733223110 debbie@resu.org.uk	
	will be accepted by the organi	iation's safety rules. No responsibility for personal isers and The Scout Association does not provide automatic	
Please complete and return this s		by 26/5/24	
Event: Three Peaks of	Yorkshire Challenge		
Name of young person:		D.o.B:	
Are they able to swim 50 m	etres and stay afloat in	light clothing? Yes No	
Emergency contact:		Phone:	
Cost and payment schedule if applicable: () Doctor's name and contact	please make cheques paya details:	able to) Details of any medications currently being tak	en:
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 be in contact with in the last three weeks:	een
l enclose a cheque / cash for l have noted the arrangemen Signed:	-	e payment schedule outlined above. he named young person taking part. Date:	

Relationship to young person: