Activity Information Form



Relationship to young person:

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

additional support if required and keep parties, for event registration. These th	ects sensitive (o your young pe hird parties are rovide to us is s	special category) data about the rson safe whilst in our case sed on the basis that the ecurely stored and will b	out your young persor are. We may share you ey align with our data e kept for 2 months at	n, this detail is required so that we can offer ur personal data in this form with third privacy policies. We take your personal fter the event for any queries that arise	
Please keep this top section for y	our own info	rmation. Detach and	return the bottom	section to the organiser.	
Event: 1st New Longton Scouts Dragon Quest					
Date: 27/09/2025	Location: West Pennine Moors				
Meeting place and time:	orth Information Centre, Darwen 08:00 – 09:00				
Collection place and time: Bibby's Far		rm 15:30 - 16:00			
Cost and payment schedule if applicable:	£10 per team cash only (paid on the day)				
Transport details:	N/A				
Activities:	Walking,	Walking, Small Challenges			
Further details (including supervision arrangements where the section leaders will not be present):		Teams will be given GPS trackers, and there will be regular checkpoints.			
Organiser and contact details:		Ray Worthington (07593 355148), Harrison Turner (07763 680058), Alex Paterson (07538 101745)			
Contact details during the event:		See Above			
Note: All activities will be run in accordance equipment/clothing and effects insurance cover in respect to such	will be accep			sponsibility for personal iation does not provide automatic	
Please complete and return this	section to T	he Dragon Quest Te	eam on 27/09/202	25	
Event: 1 st New Longton I	Dragon Qu	est 2025			
Name of young person:				D.o.B:	
Are they able to swim 50 metres and stay afloat in light			nt clothing?	Yes 🗌 No 🗌	
Emergency contact:			Phone:		
Doctor's name and contact details:			tails of any med	dications 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 have noted the arrangemen	nts above a	and agree to the na	amed young per	son taking part.	
Signed:			Date:		