

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 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 store 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..

Please keep this top section for your own information. Detach and return the bottom section to the organiser. **Event:** 1 New Longton Scouts Roller Skating Date: 05/12/2024 **Location:** Wigan Roller Rink (WN3 5BD) Meeting place and time: 19:20, Wigan Roller Rink Collection place and time: 21:00, Wigan Roller Rink Cost and payment £5 per person, cash only schedule if applicable: (please make cheques payable to N/A) Meet at the venue – we recommend lift sharing with other parents to save **Transport details:** on driving. **Activities:** Roller Skating **Further details** Please bring a copy of this form on the night or email a digital (including supervision arrangements where version to scouts@newlongtonscouts.com. the section volunteers will not be present): Alex Paterson – 07538 101745 Organiser and contact details: Alex Paterson - 07538 101745. Contact details during the event: Ben Heath - 07368 459973 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.

Note: All activities will be run in accordance with The Scout Association's safety rules. No responsibility for personal

Ы

><

_			
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 N/A)		
Doctor's name and conta	act details: Details of any me	dications currently being take	n:
Doctor's flame and conta	betails of any me	dications carrently being take	

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:	