## **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:	Ninja Warrior						
Date:	21 <sup>st</sup> March 2019	Location: Ninja Warrior, Stoke-On-Trent					
Meeting place and time:		Scout Hut, 5:50pm (We are leaving promptly at 6:00pm)					
Collection place and time:		Scout Hut, 8:45pm					
Cost and payment		£15.00					
schedule if applicable:		(please make cheques payable to Abbots Bromley Scouts)					
Transport details:		Minibus					
		Full list is available at (https://adventure.ninjawarrioruk.co.uk/stoke/)					
Further							
	supervision arrangeme n leaders will not be pre						
Organiser and contact details		Ed	Ed Bayliss – 07768046582				
		Rebecca Male - 0791335507			072		
	details during the e		e same a				
	ivities will be run in accord e accepted by the organis						
Please complete and return this section to E			В			by 21/03/2019	
Event:	Ninja Warrior						
Name of young person:			D.o.B:				
Are they	able to swim 50 m	netres and stay a	afloat in l	ight clothing?	Yes	□ No □	
Emergency contact:			Phone:				
Doctor's name and contact details:			Details of any modications surrontly being taken:				
Doctor's name and contact details:			Details of any medications currently being taken:				
Details o	of any disabilities, m	nedical condition	ıs,	Datalla dama			
allergies, additional needs or cultural n			eds that		y infectious diseases they have been th in the last three weeks:		
organise	ers might need to be	e aware of:	in contact with in the last timee weeks.				
Loncloca	e a cheque / cash fo	rf					
	oted the arrangeme			he named voun	g person tak	ing part.	
Signed:			<u> </u>	,	Date		
-	ship to young perso	on:					