

# 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 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 [available at scouts.org.uk](https://www.scouts.org.uk/data-protection-policy).

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

**Event:** Hatfield Forest District Activity Day

**Date:** 5th October 2025 **Location:** Skreens Park Activity Centre, Skreens Park Rd, Chelmsford, CM1 4NL

**Cost and payment schedule** £15  
**if applicable:**

**Organiser and contact details:** Hatfield Forest District Programme Team  
([programmeteam@hatfieldforestdistrictscouts.org.uk](mailto:programmeteam@hatfieldforestdistrictscouts.org.uk))

**Contact details during the event:**

**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 your group as soon as possible to secure your place

**Event:** Hatfield Forest District Activity Day 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 £

I have noted the arrangements above and agree to the named young person taking part.

**Signed:** **Date:**

**Relationship to young person:**