|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***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 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://scouts.org.uk/media/980616/Data-protection-Policy-v20-Oct-2018.pdf)*.*  Please keep this top section for your own information. Detach and return the bottom section to the organiser. | | | | | |
| Event: | Winter on The Hills | | | | |
| **Date:** | 29th Nov – 1st Dec | | | **Location:** |  |
| **Arrival Time:** | | From 18:30, no later than 19:30 | | | |
| **Departure Time:** | | 15:00 | | | |
| **Cost and payment** | | £45.00  (please make cheques payable to Humberside County Scout Council) | | | |
| **Transport details:** | | Not included. Discuss arrangements with your explorer leader | | | |
| **Activities:** | | Hillwalking | | | |
| **Further details**  **(including supervision arrangements where the section leaders will not be present):** | | | Year 1: basic /refresher hillwalking training supervised  Year 2: intermediate hillwalking training supervised  Year 3: advanced hillwalking training with remote supervision | | |
| **Organiser and contact details:** | | | Mike Connor, [mike.connor@gycscouts.org.uk](mailto:mike.connor@gycscouts.org.uk) | | |
| **Contact details during the event:** | | | Mike Connor 07833468880 | | |

**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 explorer leader by 20th October

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Event: | Winter on the Hills | | | | | | | | |
| **Name of young person:** | | | |  | | | | **D.o.B:** |  |
|  | | | | | | | |  | |
| **Emergency contact:** | | |  | | | | **Phone:** |  | |
| **Cost and payment £45.00** | | | | (please make cheques payable to Humberside County Scout Council) | | | | | |
| **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:** | | | | |  | | | | |