

THE QUARRIES SCOUT CAMPSITE



PARENTAL ACTIVITY INFORMATION AND PERMISSION FORM AIR RIFLE SHOOTING

THIS FORM MUST BE SIGNED BY PARENT / GUARDIAN BEFORE A YOUNG PERSON CAN TAKE PART IN SHOOTING ACTIVITIES

DATA PROTECTION: this form is used to collect information about your young person for the purposes of the activity. This will be used only by Scout leaders. As part of this form the data we collect is used to register them for the activity. Also sensitive data so we can offer additional support if needed to keep your young person safe during the activity while in our care. We may share your personal data with third parties for activity registration. These parties must align with our data privacy policies. We take your personal data privacy very seriously. The data is kept for two months after the activity in case of any queries before being securely destroyed.

GROUP / UNIT NAME	
DATE (S)* OF SHOOTING	

*Please note this must state specific dates of the shooting such as individual camp, short term series of badge focused programmes

PARENT / GUARDIANS CONSENT

NAME OF YOUNG PERSON	
RELEVANT MEDICAL INFORMATION	

I being the parent/guardian of the young person named above, declare that they are not subject to restriction by virtue of Section 21 of the Firearms Act 1968 or any other law restricting the use of guns (which applies to persons who have been sentenced to a term of imprisonment, youth custody or suspended sentence) and give permission for them to take part in the shooting activity identified above.

NAME OF PARENT / GUARDIAN	
SIGNATURE	
DATE	