Activity Information and Parental Permission Form – Target Shooting

Name of parent/guardian

Signature

Date



DATA PROTECTION: This form is used to collect information about your young person for the purpose of the activity named below, this is to be used by the Section Leaders 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 activity. 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, we do this for activity 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 here.

Written parental permission is needed before a young person can take part in shooting activities.

		Activity Information			
Group/Unit Name	Wyre District Camp				
Date(s)* of activity	26 th to 28 th April 2024				
Please note this must state speci programmes.	fic dates	s of activity such as individual ever	nt, cam _l	o, short term series of badge focu	sed
Please tick the appropriate box(es).				
Air rifle shooting		Air pistol shooting		Clay pigeon shooting	
Full-bore rifle shooting		Small-bore rifle shooting		Muzzle-loaded shooting	
Crossbow shooting		Airsoft			
		Parent or Guardian's cons	ent		
Name of young person					
Relevant medical					
information					

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 activities identified above.