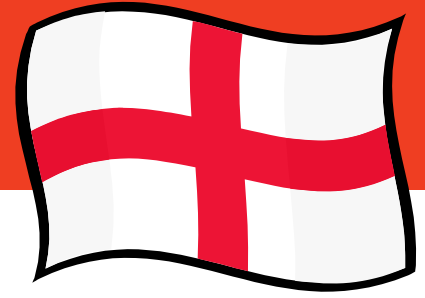


# Celebrating ST GEORGE'S DAY



Buckmore Park, Chatham ME5 9QG  
Saturday 27 April 2019 10am-4pm

**5km walk (following JOTT route)\***  
from 10am.

**Campfire and Renewal of Promises**  
from 2pm.

- ...Wide games throughout the day.
- ...No uniform just group scarves.
- ...Bring packed lunch.
- ...Free badge for every member attending.
- ...Meet at Wynne-Brooks Lodge.
- ...Car sharing if possible.



**\*Download 5km walk sponsor form at [gillinghamscouts.org.uk](http://gillinghamscouts.org.uk)**



The completed consent form below must be handed to the young person's leader by Friday 6 April

## Consent Form St George's Day 27 April 2019

**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 available at [scouts.org.uk](http://scouts.org.uk)

Name of young person

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Group

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**I have noted the arrangements above and agree to the named young person taking part in the St George's Day Event on 27 April 2019.**

Signed

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Relationship to young person

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Date

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**Emergency contact details:**

Name

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Phone number

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**Doctor's details:**

Doctor's name, address and phone number

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**Details of medication/allergies/dietary requirements:**

Please give details of any medical conditions, allergies, medication currently being taken and dietary requirements:

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