**LIVE MINECRAFT EVENT**

**Young Person’s Contact Information**

Full Name

Address

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

Postcode

**Emergency Contact Information**

Forename

Surname

Relationship

Address

Postcode

Home Phone Mobile

**Medical Details**

Doctor Surgery

**Medical Information**

Data Protection

As a registered Data Controller, Adventurers MK is committed to the Data Principles of the Data Protection Act 1998. By signing this form, I agree to the Adventurers MK during and beyond my child’s involvement with the organisation:

1. Retaining personal data to facilitate any present or potential future involvement with Adventurers MK;
2. Retaining personal data regarding religion, special needs/disabilities, ethnicity, medical information
3. Allowing access to personal data to appropriate individuals within the hierarchy of Adventurers MK.

**Parent/Guardian Signature**

**Young Person’s Signature**