



**Fun, Learning
and Achievement**

NATIONAL FEDERATION OF YOUNG FARMERS CLUBS
Herefordshire Federation of Young Farmers' Clubs
 YFC Centre, Beech Business Park, Tillington Road, Hereford, HR4 9QJ
 Registered Charity Number: 520998

NFYFC Membership Application/Renewal Form with Parental Consent 2018-19

SECTION 1 – ESSENTIAL INFORMATION:

Please tick as appropriate and complete all required information:

New member:	<input type="checkbox"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	CLUB:	
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Title:		First Name:		Surname:	
DOB (dd/mm/yyyy):					

Address 1:					
Address 2/3:					
Town/City:		County:			
Postcode:					

Home Number:		Mobile Number:	
Member's Email:		Alternative contact details:	
Parent's Name:		Parent's Email:	

SECTION 2 – HEALTH INFORMATION

To ensure you/your child is able to participate and enjoy the activities and opportunities that YFC provided, we ask that you complete the following health information and details of dietary requirements, medical conditions, disabilities or special educational needs (SEN).

Do you have any:	Please tick:	Please provide additional details:
Health Conditions	<input type="checkbox"/> yes <input type="checkbox"/> no	
Disability	<input type="checkbox"/> yes <input type="checkbox"/> no	
SEN	<input type="checkbox"/> yes <input type="checkbox"/> no	
Allergies	<input type="checkbox"/> yes <input type="checkbox"/> no	
Other additional needs	<input type="checkbox"/> yes <input type="checkbox"/> no	
Dietary Requirements	<input type="checkbox"/> yes <input type="checkbox"/> no	

Any other relevant information we need to be aware of: *Please provide additional details e.g. regular medication*

SECTION 3 - EMERGENCY CONTACT DETAILS: *Please fill in 2 emergency contacts below*

Name:		Relationship (e.g. mother):	
Main contact number:		Alternative contact number:	
Name:		Relationship (e.g. father):	
Main contact number:		Alternative contact number:	

For Office Use Only:

Membership No:		Membership Type:	
Issue Date:		Age at start (01.09.2018):	
Issued By:		Replacement card issued:	



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SECTION 4 – PHOTGRAPHIC INFORMATION:

Do you consent for the National Federation of Young Farmers' Clubs, Area, County and Club to use any photographs, videos or photographic images that the NFYFC, Area, County or Club produce which are of you (or your Child if Under 18) for promotional purposes? This would include printed and online digital sources including our magazine, website, video and digital media.	Please tick consent: <input type="checkbox"/> yes <input type="checkbox"/> no
FOR UNDER 18 YEAR OLDS In addition, are you happy for your child's name to accompany an image in: a.) Our printed publications b.) Our digital media	Please tick consent: a.) <input type="checkbox"/> yes <input type="checkbox"/> no b.) <input type="checkbox"/> yes <input type="checkbox"/> no

SECTION 5 – ADDITIONAL INFORMATION:

NFYFC and the County FYFC occasionally have to provide details showing the diversity of its' membership, for example for Grant Applications. This information will only ever be used in an anonymised format, in a way that it would not be possible to identify an individual form. Please tick the appropriate box to indicate your/your child's ethnic culture and native language.

Ethnicity:	White (British)	<input type="checkbox"/>	Black or Black British (African)	<input type="checkbox"/>
	White (Irish)	<input type="checkbox"/>	Chinese or other ethnic group (Chinese)	<input type="checkbox"/>
	Asian or Asian British (Bangladeshi)	<input type="checkbox"/>	Mixed (White and Black Caribbean)	<input type="checkbox"/>
	Asian or Asian British (Indian)	<input type="checkbox"/>	Mixed (White and Black African)	<input type="checkbox"/>
	Asian or Asian British (Pakistani)	<input type="checkbox"/>	Mixed (White and Asian)	<input type="checkbox"/>
	Black or Black British (Caribbean)	<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>
	Other: <i>Please specify</i>	<input type="checkbox"/>		
Language:	Which is your first language? ENGLISH <input type="checkbox"/> WELSH <input type="checkbox"/> OTHER <input type="checkbox"/> Please specify:			

SECTION 6 – MARKETING PREFERENCES:

As part of your membership of NFYFC, we will keep you informed of relevant membership news, events and activities through our communication channels both online and in print. These include the NFYFC membership magazine Ten 26 (posted 3 times a year) and a monthly e-newsletter called the YFC Buzz that is sent to your preferred email address. Otherwise, NFYFC and your County will only use your preferred email to contact you from time to time about opportunities that may be available to you as part of your membership or in relation to your role within YFC. Your details will not be shared with 3rd parties for marketing purposes.

So we can ensure you receive these membership publications, can you confirm you are happy for us to send these to you:

Please tick consent:

Would you like to receive the membership magazine TEN26 to your home address?	<input type="checkbox"/> yes <input type="checkbox"/> no
Would you like to receive the email newsletter YFC Buzz to your preferred email address?	<input type="checkbox"/> yes <input type="checkbox"/> no

For more information on our Privacy Notice please visit the NFYFC website at: <http://www.nfyfc.org.uk/privacy>

SECTION 7 – MEMBERSHIP DECLARATION: *Please tick to show you have understood*

- I will act in accordance with NFYFC Guidelines and the adopted policies of HFYFC (which must be adhered to at all events)
- I am aware that any policies relating to my membership are available from the YFC Office
- I confirm that I have understood my duties and responsibilities as a member of NFYFC

Member's Signature:		Date:	
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PARENTAL CONSENT IS REQUIRED FOR U18 YEAR OLDS – A form is also included for completion by the Parent/Guardian

Parent/guardian Signature:		Date:	
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CLUB Authorised Officer to complete: *(The authorised Club Officer is the signatory or signatories as advised by the Club to the County Office)*

Name:		Position:	
Club Officer Signature:		Date:	

Any falsification of any of the above signatures would deem the insurance cover and membership void

For Club to complete: Membership fee paid: yes no

REMEMBER TO INCLUDE A PASSPORT SIZED RECENT & CLEAR PHOTO WITH YOUR FORM – CARDS WILL NOT BE ISSUED WITHOUT A PHOTO or AUTHORISED SIGNATURES



hfyfc.org.uk



countyadmin@hfyfc.org.uk



01432 274187



facebook.com/herefordshirefyfc



twitter.com/hfyfc



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SECTION 8 – MEMBERSHIP PARENTAL CONSENT FOR U18'S

This form is to be completed by the Parent or Guardian of the member named below, who is under 18 years of age, to participate in Club and HFYFC activities as detailed in the County Programme. Details of the County Programme can be found at www.hfyfc.org.uk. Additional full consent forms will be required for any additional County Events and for WMA/NFYFC competitions/events.

This form gives consent for that member to attend the activities detailed and the responsibility for the supervision of that member to a named individual - their Club Officers/Club Leaders and HFYFC County Officers, when the Parent/Guardian is not in attendance. HFYFC and its Clubs will take responsibility for ensuring the safe running of its entire programme. Participation will be in accordance with the NFYFC/County Safeguarding Children and Young People Policy. In the event of an accident involving a member under the age of 18, the Club/County will liaise with the Parent and/or the Club/County Officers. This will be pertinent if required to undertake an accident investigation in conjunction with the relevant authorities including the Police, Health & Safety Inspectorate etc.

MEMBER INFORMATION:

Title:		First Name:		Surname:	
DOB (dd/mm/yyyy):					

MEDICAL CONSENT:

The medical information provided on the YFC membership form is correct to the best of my knowledge and in the event of illness or accident requiring hospital treatment, I understand that the responsible person at the event will make every effort to contact me. In an emergency, doctors/surgeons will make the decision regarding the necessary treatment **without** my consent.

Parent/guardian signature:		Date:	
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In addition, please provide:

Name of Doctor:		Doctors contact number:	
Doctors Address:			

PHOTGRAPHIC CONSENT:

This has been given on the YFC membership form.

CONSENT TO PARTICIAPTE IN YFC ACTIVITIES:

I have read and understand the information and hereby give my consent for my son/daughter to take part in the activities set out in the Club and County programmes. I understand that the NFYFC insurance policy is available on request. I am aware that while the adults in charge of the event will take all reasonable steps to protect all participants from harm, they cannot necessarily be held responsible for any loss, damage or injury suffered during or as a result of the activity.

I understand that I have a responsibility to inform HFYFC/Club/NFYFC of any changes to this information.

Permission slips and/or additional Parental Consent forms will be required for activities away from the normal Club venue and some County Events.

Do you have parental responsibility and/or legal guardianship in relation to this member?	<input type="checkbox"/> yes <input type="checkbox"/> no
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Parent/guardian Signature:		Date:	
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Full Name: BLOCK CAPITALS		Address:	
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