



**Fun, Learning
and Achievement**

National Federation of Young Farmers' Clubs Membership Form 2019/20

Section 1 – Essential Information

Membership No: office use only

Title: First Name: Surname:

Preferred Name:

Date of Birth: Age:

I identify my gender as:

Male Female: Self Identify:

Address:

Postcode:

Home Tel no:

Member's mobile no:

Member's email address:

Club:

(U18 members only)

Parents name:

Parent's email address:

Section 2 – Health & Wellbeing Information

To ensure you/your child is able to participate and enjoy the activities and opportunities that YFC provides 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 of the following?

Health conditions	Yes/No	Please provide additional information
Disability	Yes/No	
SEN	Yes/No	
Allergies	Yes/No	
Other additional needs	Yes/No	
Dietary requirements	Yes/No	

Any other relevant information we need to be aware of (e.g. Medication):

Please provide additional information

PTO



www.nfyfc.org.uk

National Federation of Young Farmers' Clubs
"Fun, Learning and Achievement"

Find Us



Members receipt



Section 3 – Emergency Contact Details

Emergency Contact Details (ICE) (2 for U18 year olds and at least one for over 18 year olds)

Name:	Relationship:
Main contact number:	Alternative phone number:
Name:	Relationship:
Main contact number:	Alternative phone number:

Section 4 - 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 Ten26 and a monthly e-newsletter called the YFC Buzz that is sent to your email address. Otherwise, NFYFC and your county will only use your 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.

Would you like to receive the membership magazine Ten26 to your home address?	Yes/ No
Would you like to receive the email newsletter YFC Buzz via email?	Yes/ No

Do you wish to receive Ten26 in? English: Welsh:

Member Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____

Privacy notice

For more information on our privacy notice visit the National Federation of Young Farmers' Clubs Website at: <http://www.nfyfc.org.uk/privacy>

Office use only: Member Paid <input type="checkbox"/>
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CLUB AUTHORISED OFFICER TO SIGN THIS MEMEBRSHIP IS APPROVED BY THE CLUB AND PAYMENT RECEIVED BEFORE BEING ISSUED TO THE COUNTY OFFICE

AUTHORISED SIGNATORY NAME:		SIGNED:		DATE:	
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Payment received by:

Name:		Position:	
Date:		Amount paid:	



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Parental Consent Form

FOR MEMBERS U18 TO COMPLETE WITH MEMBERSHIP FORM

This form is to be completed by the Parent or Guardian of the male/female member named below **who is under 18 years of age** on the date this and the membership form are completed. It gives consent for that member to attend and participate in YFC activities and the responsibility for the supervision of that member to the Club/County Officers, when the parent is not in attendance. The Club and/or HFYFC will take responsibility for ensuring the safe running of all its events by working with the venue management, volunteers and staff. Member's attendance will be in accordance with the NFYFC or HFYFC Safeguarding Policy. In the event of an accident or concern arising involving a member under the age of 18, the Club or HFYFC will liaise with the parent or the named Club/County Officers. Details on this form will be held securely and will only be shared with volunteers, staff or other organisations that may need this information in order to meet the specific needs of your child.

PLEASE USE BLOCK CAPITALS THROUGH-OUT

SECTION I – Details of under-18 year old member

Full name of YFC member:		
Address:		
Date of Birth:		
YFC Membership Number:		
Name of YFC Club:		
Name of County Federation:		
HEALTH AND WELLBEING INFORMATION		
Doctor Surgery Address	Address:	Contact Tel:
Name of the school or educational establishment: Or state if the young person is home educated.	Address:	Contact Tel:
Do you have any of the following?	YES / NO	If yes, give details:
Health conditions		
Disability		
SEN (Special Educational Needs)		
Allergies		
Other additional needs		
Dietary requirements		
Any other relevant information we need to be aware of (e.g. medication): Please give details.		

Full name of YFC member:	
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SECTION 2 – Photography Permissions

As part of the YFC activities, pictures and videos are used for the legitimate interest of the organisation which includes promotional activity and the publishing of competitions results. Official event photography and video from the event will include your child unless there are safeguarding/or other reasons why you do not wish your child's photograph to be used, please indicate this below. All events will display information regarding the capturing of images and who to speak to if there are any concerns during the event. No images will be sold but may be used for external press and news features. All images will be kept for use for a limited time and then only for historical and reference purposes.

I understand that my child may be photographed/filmed taking part in YFC activities and the resulting images or footage could be used by NFYFC/HFYFC in printed or digital (website and social media) format with their name accompanying.	Please tick:
I would like to discuss my child's photography permissions (you will be contacted by a representative of the Club/County)	

SECTION 3 - Information and Emergency Contact Details *(This section to be completed by the Parent/Guardians)*

The medical information overleaf 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. I have read and understood the attached information and hereby give my consent for my son/daughter to take part in this event. I understand that the YFC member 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.

Signed:..... (*Parent/Guardian) Date:

Full Name (BLOCK CAPITALS):

Do you have parental responsibility and/or legal guardianship in relation to this member?
YES / NO

EMERGENCY CONTACTS

Name: (Parent/Guardian)	Tel (home):
	Tel (work):
	Mobile:

Name: (Parent/Guardian)	Tel (home):
	Tel (work):
	Mobile:

I understand that I have a responsibility to inform the Club/HFYFC of any changes to this information. If this form is completed incorrectly or additional information is required, the Club/HFYFC will contact you to ascertain the relevant information.

Payment received by:

Name:		Position:	
Date:		Amount paid:	