



**Fun, Learning
and Achievement**

**This form must be returned to the Club Treasurer
for the Club you wish to join in order for your
membership to be processed**

**(PLEASE COMPLETE IN BLOCK CAPITALS USING BLUE/BLACK INK)
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 (on 1st Sept 2019):	
I identify my gender as:		
Male <input type="checkbox"/>	Female: <input type="checkbox"/>	Self Identify: <input type="text" value="Please use this space if you wish to self identify"/>
Address:		
Postcode:		
Home Tel no:	Member's mobile no:	
Member's email address:		
Club:		
<i>(U18 members only)</i>		
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	<i>Please provide additional information</i>
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





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Section 3 – Emergency Contact Details

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

1. Name:	Relationship:
Main contact number:	Alternative phone number:
2. 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 (if Under 18): _____ **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>

AUTHORISATION TO ISSUE CARD TO COUNTY FROM CLUB

Please issue the above member with a Membership Card, I confirm the following has been received:

Membership Fee

Proof of date of birth seen (NEW MEMBERS ONLY)

If under 18, a current photo must be enclosed with this form and a completed Parent Consent Form

Signed: _____ **Name:** _____ **Dated:** _____

**THIS SECTION MUST BE SIGNED BY A CLUB OFFICER
INCOMPLETE FORMS WITH MISSING INFORMATION WILL NOT BE PROCESSED**



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PARENT CONSENT FORM (UNDER 18'S ONLY)

**THE NEXT 2 PAGES MUST BE COMPLETED IF THE MEMBER JOINING IS
UNDER 18 YEARS OF AGE**

This form is to be completed by the Parent or Guardian of the male/female member named below **who is under 18 years of at the point of joining Staffordshire YFC (SCFYFC)**. It gives consent for that member to attend and participate in YFC activities and the responsibility for the supervision of that member to a named individual, when the parent is not attendance. Where the parent is in attendance they are responsible for their child for the duration of the event. Staffordshire YFC will take responsibility for ensuring the safe running of all its events by working with the venue management and our own team of staff and stewards. Member's attendance will be in accordance with the SCFYFC Safeguarding Policy. In the event of an accident or concern arising involving a member under the age of 18, SCFYFC will liaise with the parent or the named individual who is supervising the member. Details on this form will be held securely and will only be shared with staff or others who need this information in order to meet the specific needs of your child

Please use block capitals and blue/black ink through-out

SECTION I – Details of under-18 year old member

Full name of YFC member:		
Date of Birth:		
YFC Membership Number:	OFFICE USE ONLY	
Name of YFC Club:		
Name of County Federation:	STAFFORDSHIRE	
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		
Allergies		
Other additional needs		
Dietary requirements		
Any other relevant information we need to be aware of (e.g medication): Please give details.		

PTO.....



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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 son/daughter'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 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)	

SECTION 3 - Information and Emergency Contact Details

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 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.	
Signed :.....(*Parent/Guardian) Date.....	
Full Name (BLOCK CAPITALS):	
Address:	
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 Staffordshire YFC of any changes to this information. If this form is completed incorrectly or additional information is required Staffordshire YFC will contact you to ascertain the relevant information.