



**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**

National Federation of Young Farmers' Clubs Membership Form 2021/2022

If completing by hand please complete in blue/black ink in block capitals

Section 1 – Essential Information

Membership No: office use only

Title First Name: Surname:

Preferred Name:

Date of Birth: Age (as of 1st Sept 2021):

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
Disability	Yes/No
SEN	Yes/No
Allergies	Yes/No
Other additional needs	Yes/No
Dietary requirements	Yes/No

Please provide additional information

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



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 NFYFC membership magazines (**if produced**) and e-newsletters sent to your email address. Otherwise, NFYFC and your county federation 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 NFYFC membership magazines to your home address?

Yes/ No

Would you like to receive the e-newsletters via email?

Yes/ No

Do you wish to receive membership magazines in? English: Welsh:

In accordance with our Safeguarding Policy, where consent is given for the use of images and names in publications and online, only first names of members under the age of 18 will be published. Adults may choose whether both first and last names or no names may be published. (Please advise your event organiser)

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>

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

Staffordshire YFC Parental & Photographic Consent Form for the year 2021-22

PAGE 1 OF 2

(Applicable for regular Club Activities at the usual meeting place as publicised on the YFC Club Programme on a regular basis 1st September 2021 – 31st August 2022)

This form is to be completed by the Parent or Guardian of the member named below **who is under 18 years of age** (child) at the time of joining Staffordshire YFC.

By completing and signing this form, you give consent for your child to attend and participate in [] YFC or Staffordshire County Federation YFC activities (including online/virtual) and, when you are not in attendance, assigns the responsibility for the supervision of your child to the club/county officers.

[] YFC or Staffordshire County Federation will take responsibility for ensuring the safe running of all its events by working with the venue management, volunteers and staff. YFC activities, including all face-to-face and online/virtual activities, will be staffed/supervised by at least two DBS checked Club Supervisors. The YFC Code of Conduct applies to all meetings/activities, including virtual meetings, and attendance will be in accordance with the Staffordshire County Federation Safeguarding Policy. In the event of an accident or concern arising involving a member under the age of 18, [] YFC or Staffordshire County Federation will liaise with the parent/guardian or club/county officers who are supervising the member. Details on this form will be held securely and will only be shared with volunteer, staff or other organisations who may need this information in order to meet the specific needs of your child.

PLEASE USE BLOCK CAPITALS THROUGHOUT

SECTION 1 – Details of under-18 year old member (This section to be completed by the parent/guardian)

Full name of YFC member:			
Address:			
Date of Birth:		YFC Membership Number:	
YFC Club:		County Federation:	Staffordshire
Name and address of school or educational establishment (or state if home-schooled)			Contact Tel:
HEALTH & WELLBEING INFORMATION			
Name and address of Family Doctor:			Contact Tel:
Health conditions e.g. diabetes, asthma, epilepsy, migraine, or any other illness or condition	YES / NO	If yes, give details:	
Allergies e.g. antibiotics, penicillin, elastoplast, aspirin or any other medicines, food etc.	YES / NO	If yes, give details:	
Disabilities, SEN (Special Educational Needs) other additional needs and/or behavioural difficulties	YES / NO	If yes, give details:	
Details of any medication to be taken, include frequency and any relevant side effects			
Dietary requirements			
Any other relevant information – please give details			
The medical information above is complete and correct to the best of my knowledge and I understand that:			
– In the event of illness or accident requiring hospital treatment, the responsible person at events and activities will make every effort to contact me <input type="checkbox"/>			
– In an emergency doctors/surgeons will make the decision regarding the necessary treatment without my consent <input type="checkbox"/>			
– The NFYFC insurance policy is available on request <input type="checkbox"/>			
– 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. <input type="checkbox"/>			
– I have read and understood the attached information and give my consent for my child to take part in YFC events and activities <input type="checkbox"/>			
Signed : (Parent/Guardian) Date:			

SECTION 2 Information and Emergency Contact Details <i>(This section to be completed by the parent/guardian)</i>			
Full Name of person signing the form overleaf (BLOCK CAPITALS)			
Address: (if different from above)			
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:		
In the event of the parents or guardians above being unavailable, please provide details of an alternative emergency contact			
Name:	Tel (home):		Tel (work):
	Mobile:		Relationship to child

I UNDERSTAND THAT I HAVE A RESPONSIBILITY TO INFORM [_____] YFC OR STAFFORDSHIRE COUNTY FEDERATION OF ANY CHANGES TO THIS INFORMATION.

If this form is completed incorrectly [_____] YFC or Staffordshire County Federation will contact you to ascertain the relevant information. Whilst being established, this may delay your child's membership being processed and they may therefore be unable to participate in competitions and activities.

SECTION 3

Photographic Consent Form for under-18 year old members *(This section to be completed by the parent/guardian)*

Occasionally, we may take photographs or commission external companies to photograph or film members participating at our Young Farmers' Club activities, competitions and events on our behalf. When holding virtual events and competitions, the activity, or part of it, may be recorded or a screen shot may be taken. As part of the YFC activities, such images are used for the legitimate interest of the organisation, which includes promotional activity such as displays, scrapbooks, newsletters, year books, websites, social networking sites or in publications, and the publishing of competitions results. Live events, competitions or activities may also be visited by the media who will take photographs or film footage, which may lead to members appearing in these images in local or national newspapers, or on televised or internet news programmes. In addition, the winner(s) of any competitions that are run will be publicly announced on various media and we would like to include a photograph of the winner. In the event that your child is a competition winner, we may ask them to send a photo of themselves for us to include with our announcements.

Videos and photos that are captured as part of our activities (including virtual events and activities) and which include an image of your child may be used, along with their name,* **unless there are safeguarding or other reasons why you do not wish your child's photograph to be used – please indicate this below/overleaf.**

All events will display information regarding the capturing of images and who to speak to if there are any concerns during any event. Online activities will include a statement from the coordinator to alert all in attendance that the session is being recorded. If you have any concerns during an online session, please speak with the session coordinator.

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.

Please complete the details below to indicate your consent for your child to be photographed and for these images/films or audio to be used by [_____] YFC, Staffordshire County Federation or the National Federation of Young Farmers' Clubs.

I understand that my child may be photographed/filmed taking part in YFC activities and the resulting images or footage may be used by [_____] YFC, Staffordshire County Federation or NFYFC in printed or digital (website and social media) format.	YES/NO
I consent to my child's name* accompanying their photograph/images.	YES/NO
If you would like to discuss your child's photography permissions, please tick the box. (you will be contacted by a representative of Staffordshire YFC)	

* in accordance with our Safeguarding Policy, only first names of children will be published where consent is given for the use of names