



New member:  Male:  Female:  Membership #

Name:  Surname:

DOB:  Club:

Address:

Town:  County:

Postcode:  Title:

Ethnicity:	<input type="checkbox"/> White (British)	<input type="checkbox"/> Asian or Asian British (Bangladeshi)
	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black or Black British (Caribbean)
	<input type="checkbox"/> Mixed (White and Black Caribbean)	<input type="checkbox"/> Black or Black British (African)
	<input type="checkbox"/> Mixed (White and Black African)	<input type="checkbox"/> Chinese or other ethnic group (Chinese)
	<input type="checkbox"/> Mixed (White and Asian)	<input type="checkbox"/> Do not wish to answer
	<input type="checkbox"/> Asian or Asian British (Indian)	<input type="checkbox"/> Other
	<input type="checkbox"/> Asian or Asian British (Pakistani)	

Information provided by you will be held on a database at the County YFC Office and the National Federation of Young Farmers' Clubs as well as being shared with other YFC clubs and counties nationally.

NFYFC will not pass any information held on their database to any other organisation but details of products and services provided by them for your benefit may be promoted through the normal NFYFC mailing systems. If you do not wish to receive these mailings, please tick the box at the end of this line.

We may also publish your information and photograph in the public domain through the web sites and county magazines. If you do not consent to this please tick the box at the end of this line.

If you do not wish your details to remain on our database once your membership of YFC expires, please tick the box at the end of this line.

**PTO**

**PLEASE REMEMBER TO ATTACH A PASSPORT SIZED PHOTO OF YOURSELF**

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





Home tel:

Mobile tel:

Email:

Alt email:

Skype ID:

Twitter ID:

Do you consider yourself to have any disabilities or long term physical or mental health issues?

(if yes, please describe your disabilities or health issues below)

If **under 18** - please fill in 2 emergency contacts, if **over 18**, please fill in 1 emergency contact

**Contact 1**

Name:

Tel number:

Relationship:

Alt tel number:

**Contact 2**

Name:

Tel number:

Relationship:

Alt tel number:

Members signature:

Parent/guardian signature:

Payment received by:

Name:

Position:

Date:

Amount paid:





## Parental consent for under-18 year old members attending

County name:

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 (please insert date of membership start) \_\_\_\_\_. It gives consent for that member to attend the events stated on the club/county programme and the responsibility for the supervision of that member to the club/county officers, when the parent is not attendance.

Avon Valley YFC will take responsibility for ensuring the safe running of its entire programme; participation will be in accordance with the 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 particularly pertinent if we are required to undertake an accident investigation in conjunction with the relevant authorities including the Police, Health and Safety Inspectorate etc

**Please use block capitals through-out**

Name:

Surname:

DOB:

Age:

Membership number:

Club:

### Doctors info

Name:

Telephone:

Address:

Has the named participant ever suffered from any of the following conditions: Diabetes, Asthma, bad period pains, Migraine, Epilepsy, or any other illness?	Yes	No	If yes, please give details...
Is the named participant allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)?	Yes	No	If yes, please give details...
Is the named participant receiving any medical treatment or on any prescribed medication?	Yes	No	If yes, please give details...
Does the participant have any disabilities, additional needs and/or behavioural difficulties?	Yes	No	If yes, please give details...
Details of any medication to be taken, include frequency and any relevant side effects?	Yes	No	If yes, please give details...
Does the participant have any other additional needs? (Dietary, wheel chair access, etc).	Yes	No	If yes, please give details...
Any other relevant information	Yes	No	If yes, please give details...





### 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 club/county will make every effort to contact me. In 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 activities displayed on the programme for Avon Valley YFC. 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.

Parent/guardian  
signature:

Date:

Address:

Town:

County:

Postcode:

### Emergency Contacts (must be parent/guardian)

Contact 1

Name:

Mobile tel:

Tel number:

Alt tel number:

Contact 2

Name:

Mobile tel:

Tel number:

Alt tel number:

**I understand that I have a responsibility to inform the club/county of any changes to this information to ensure leaders have the most current information. If this form is completed incorrectly the club/county will contact you to ascertain the relevant information.**

