

**MEMBERSHIP RENEWAL & APPLICATION FORM FOR 2016/2017**

Club:.....Date of birth:...../...../.....  Male  Female  
 Title:.....First Name: ..... Initial:..... Surname:.....  
 House Name/No.:..... Home phone: .....  
 Street:..... Daytime phone: .....  
 Village: ..... Mobile phone: .....  
 Town:..... Email: .....  
 County:..... Twitter: .....  
 Postcode:..... Are you a new member? Yes \* No \*

**Are you:**

At School \* In Further Education \* In Higher Education \* Working \*

**If working – do you work:**

In Agriculture \* In an Agriculturally Related Industry \* Not in Agriculture \*

**Ethnicity**

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)	<input type="checkbox"/>		

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.

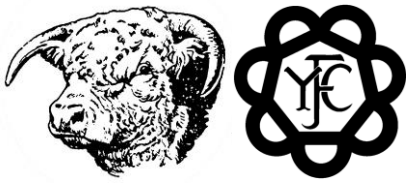
HFYFC & NFYFC will not pass any information held on their database to any other organisation but details of products and services provided by them for your benefit may be promoted through the normal mailing systems. If you do not wish to receive these mailings, please tick the box at the end of this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

**Medical details**

Has the named participant ever suffered from any of the following conditions: Diabetes, Asthma, bad period pains, Migraine, Epilepsy, or any other illness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the named participant allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the named participant receiving any medical treatment or on any prescribed medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



# HEREFORDSHIRE FEDERATION OF YOUNG FARMERS' CLUBS

Registered Charity Number: 520998

Does the participant have any disabilities, additional needs and/or behavioural difficulties? Yes  No

Details of any medication to be taken, include frequency and any relevant side effects? Yes  No

Does the participant have any other additional needs? (Dietary, wheel chair access, etc). Yes  No

Do you have any disabilities or long term physical or mental health issues? Yes  No

### Doctors details

Name  Tel:   
 Address

### Emergency contact telephone numbers

Name  Tel:   
 Relationship  Alt Tel:

Name  Tel:   
 Relationship  Alt Tel:

### Membership Declaration

Please tick to show you have understood:

I agree to comply with the attached "Who Cares" guidelines to this application

I will act in accordance with National Guidelines (these are the policies which you must adhere to when at National Events) and the adopted policies of the Herefordshire Federation.

I am aware that any policies relating to my membership are available from the YFC Office

### Parental Consent

I give my consent for this member (named overleaf) to attend the events stated on club and county programme and the responsibility for the supervision of that member to the club/county officers, when the parent/guardian is not in attendance.

HFYFC & it's clubs 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

The medical information 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 information and hereby give my consent for my son/daughter to take part in this activities displayed on the club or county programme. 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 confirm that I have understood my duties and responsibilities as a member.**

**Signature of Member** ..... **Date** .....

**Signature of Parent/Guardian** ..... **Date** .....

(If member is under 18)

**Signature of Authorised Club Officer\***:..... **Date** .....

**Position:**..... **Print Name:**.....

\* The authorised club officer as advised by the club to the county office

**DON'T FORGET TO INCLUDE YOUR PHOTOGRAPH AS NO PHOTO = NO MEMBERSHIP CARD!**