



Please tick as appropriate:

New member: Male: Female: CLUB:

Title:	First Name:	Middle Initial/s:	Surname:
DOB (dd/mm/yyyy):			

Address 1:			
Address 2/3:			
Town/City:	County:		
Postcode:			

Home tel:	Mobile tel:
Email:	Alternative contact details:

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.

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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

Emergency Contacts: Please fill in 2 emergency contacts

Name:	Relationship (e.g. mother):
Tel number:	Alternative phone number:
Name:	Relationship (e.g. father):
Tel number:	Alternative phone number:

For Office Use Only:

Membership No:	Membership Type:
Issue Date:	Age at start (01.09.2017):
Issued By:	Replacement card issued:



Medical Details: Please tick the box & if yes, describe your disabilities or health details below:

Medical details form with four rows of questions and checkboxes for 'yes' or 'no', including questions about allergies, disabilities, and medication.

Membership Declaration: Please tick to show you have understood

- Four declaration statements with checkboxes: 'I agree to comply with the HFYFC Who Cares Guidelines...', 'I will act in accordance with NFYFC Guidelines...', 'I am aware that any policies relating to my membership are available from the YFC Office', and 'I confirm that I have understood my duties and responsibilities as a member of HFYFC'.

Members signature: [Signature line]

Date: [Date line]

Parental Consent for U18's

I give my consent for the member named overleaf to attend the events stated on the Club and County Programme and give responsibility for supervision of that member to the Club/County Officers, when the Parent/Guardian is not in attendance.

HFYFC and its 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 pertinent if required to undertake an accident investigation in conjunction with the relevant authorities including the Police, Health & 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. Emergency Drs/Surgeons will make the decision regarding necessary treatment without my consent.

I have read and understood the information and hereby give consent for my child to take part in the activities set out in the Club or County programme. I understand that the NFYFC insurance policy is available on request. I am aware that while 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: [Signature line]

Date: [Date line]

CLUB Authorised Officer to complete (The authorised Club Officer is the signatory or signatories as advised by the Club to the County Office)

Club Officer signature form with fields for Name and Club Officer signature.

Club Officer signature form with fields for Position and Date.

Any falsification of signatures would deem the insurance cover and membership void

Are you:

- At School, In Further Education, In Higher Education, Working in agriculture, Working in an agriculturally related industry, Working not in agriculture

REMEMBER TO INCLUDE A PASSPORT SIZED RECENT & CLEAR PHOTO WITH YOUR FORM – CARDS WILL NOT BE ISSUED WITHOUT A PHOTO or AUTHORISED SIGNATURES

