**WILTSHIRE YFC**

 **Membership Form 2018/2019**

**Please check and correct the information below., then sign and return this form with your subscription money to your Club Treasurer**

**Section 1 – Essential Information**

**Membership No:** office use only

**Title:** **…………** **First Name: ………………..**   **Surname: ………………………….**

**Preferred Name: …………………**

**Date of Birth:** / /  **Age: ………..** **Gender:**  Male / Female **(Delete as appropriate)**

**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 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:**

Health conditions **Yes/No** Please provide additional information

Disability **Yes/No** Please provide additional information

SEN **Yes/No** Please provide additional information

Allergies **Yes/No** Please provide additional information

Other additional needs **Yes/No** Please provide additional information

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

**Section 3 – Emergency Contact Details (ICE)**

**Name: ………………………… Main contact number: ……………………….**

**Relationship ……………….. Alternative phone number ……………………….**

**Name ………………………... Main contact number ……………………….**

**Relationship ………………... Alternative phone number ……………………….**

**Section 4 - Photographic information**

Do you consent for the National Federation of Young Farmers’ Clubs, Area, County and Club to use any photographs, videos or photographic images that the NFYFC, Area, County or Club produce which are of you, (or your child if under 18) for promotional purposes? This would include printed and online digital sources including our magazine, website, video and digital media? **Yes/ No**

***For under 18 year olds -*** In addition, are you happy for your child’s name to accompany an image in:

 our printed publications? **Yes/ No** our digital media **Yes/ No**

***I agree to abide by the NFYFC Policies and legislation*** *(full details available upon request – all Clubs have a copy)*

**Member’s Signature: Date:**

*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 your specific needs.*

**First Name: ……………………….. Surname………………………………**

**Section 5 - Additional information**

NFYFC and the County FYFC occasionally has to provide details showing the diversity of its membership, for example for grant applications. This information will only ever be used in an anonymised format, in a way that it would not be possible to identify an individual form. Please tick the appropriate to indicate your (your child’s) ethnic culture and native language.

**Ethnicity**

White (British) Black or Black British (African)

White (Irish) Chinese or other ethnic group (Chinese)

Asian or Asian British (Bangladeshi) Mixed (White and Black Caribbean)

Asian or Asian British (Indian) Mixed (White and Black African)

Asian or Asian British (Pakistani) Mixed (White and Asian)

Black or Black British (Caribbean) Do not wish to answer

Other:Please Specify

**Language**

Which is your first language? English: Welsh: Other: Please Specify

**Section 6 - 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 (posted 3 times a year) and a monthly e-newsletter called the YFC Buzz that is sent to your preferred email address. Otherwise, NFYFC and your county will only use your preferred 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 to your preferred email address **Yes/ No**

**Parent/Guardian Consent Form (under 18’s only) for Club & County Activities**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 give permission for my child to participate in any lawful events/activities organised at Club or County level of the Young Farmers Federation. In accordance with the NFYFC Safeguarding Policy

*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.* Yes No

If you wish to receive a separate Parental Consent form for each YFC trip/visit/activity, please tick the box at the end of this line otherwise the membership card will be proof of Parental Consent for Club & County activities.

I am happy for my child to be transported, by a member of Wiltshire Federation of YFC, of either sex, to and/or from Club and County visits and events if I am unable to personally transport them. Yes No

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.

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.