



Shropshire Federation of Young Farmers' Clubs

MEMBERSHIP RENEWAL / APPLICATION FORM 2017 – 2018

Web: www.sfyfc.org.uk
 Tel: 01743 442880
 Mobile: 07715 674137
 Email: admin@sfyfc.org.uk

Please use block capitals throughout

New member:	<input type="checkbox"/> Y/N	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Club:				First Name:	
Surname:				Preferred name:	
Address:					
Town:				County:	
Postcode:				D.O.B:	
Home tel:				Mobile tel:	
18 year + Email:				Parents email for U18 year olds:	

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.
THIS INFORMATION IS NOT SOLD TO OUTSIDE ORGANISATIONS.

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.

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

Contact 1	Name:		Relationship:		
	Tel number:		Alt tel number:		
Contact 2	Name:		Relationship:		
	Tel number:		Alt tel number:		
Member's signature				Date	
Parent/guardian signature if under 18:					

Junior..... 16 years of age or under on 1st September 2017 and over 10 years of age on 1st September 2017
 Intermediate ... 21 years of age or under on 1st September 2017
 Senior 26 years of age or under on 1st September 2017
 Associate 27 years of age or over on 1st September 2017

Passport Size Photo.
Please put name on back.

PLEASE REMEMBER TO ATTACH A PASSPORT SIZED PHOTO OF YOURSELF

***The form then needs to be handed to your Club Treasurer
complete with the membership fee payable to your Club***

**If you are under 18 your parent/guardian needs to complete the Parent
Consent form below for you**

This form is to be completed by the Parent or Guardian of the member named below **who is under 18 years of age** when joining for the year. It gives consent for the member to participate in lawful activities organised at Club, County, Area and National level. Any falsification of the signature would deem the insurance cover and membership void. It also gives the responsibility for the supervision of the member to the Club/County Officers, when the parent is not in attendance.

Please use block capitals throughout

Name:		Surname:	
DOB:		Age:	

Medical information

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	<i>If yes, please give details...</i>
Is the named participant allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)?	Yes	No	<i>If yes, please give details...</i>
Is the named participant receiving any medical treatment or on any prescribed medication?	Yes	No	<i>If yes, please give details...</i>
Does the participant have any disabilities, additional needs and/or behavioural difficulties?	Yes	No	<i>If yes, please give details...</i>
Details of any medication to be taken, include frequency and any relevant side effects?		
Does the participant have any other additional needs? (Dietary, wheel chair access, etc).	Yes	No	<i>If yes, please give details...</i>
Any other relevant information		

Information and Emergency Contact Details

The medical information above 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 an 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 YFC activities. 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 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.

Parent/guardian signature:	
Date:	

Club Treasurer's Signature
