

# UNDER 18 MEMBERSHIP FORM

(VALID UNTIL CHILD ATTAINS 18<sup>TH</sup> BIRTHDAY)

Please complete this form in BLOCK CAPITALS and return it to your Club Treasurer with your membership fee.

**NORTHUMBERLAND FEDERATION OF YOUNG FARMERS CLUBS – YFC Office, Kirkley Hall College, Kirkley, Ponteland, Newcastle upon Tyne. NE20 2AQ Tel/Fax: 01661 872562  
e-mail: countyoffice@northumberlandyfc.co.uk Web Site: www.northumberlandyfc.co.uk**

If you details change in any way please contact the County Office to amend the changes

New member  Current member  Male  Female

Club \_\_\_\_\_ Mr/Mrs/Miss/Ms First Name \_\_\_\_\_

House Name \_\_\_\_\_ Initial \_\_\_\_\_ Surname \_\_\_\_\_

No. & Road/Street \_\_\_\_\_ Preferred name \_\_\_\_\_

Village \_\_\_\_\_ Date of birth \_\_\_\_\_

Town \_\_\_\_\_ Home phone \_\_\_\_\_

County \_\_\_\_\_ Work/Daytime phone \_\_\_\_\_

Post code \_\_\_\_\_ Fax \_\_\_\_\_

Mobile phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Personal website address \_\_\_\_\_

## **CHILD PROTECTION POLICY**

### **PARENTAL CONSENT**

Our activities will from time to time involve transporting Junior Members (U16) safely and with the greatest of care. The Federation and its members will in most cases avoid your child travelling alone with an older member. However, there may be occasions when this situation is unavoidable, but the other members will be aware of these travel arrangements.

### **DECLARATION**

I give permission for my child to participate in club meetings and specific activities (which you will be notified of) and allow YFC members to be responsible for the travel arrangements for my child on YFC activities. Examples of club meetings and activities are attached to this consent form for your information. I understand that it is my responsibility as parent/guardian to find out what activity is happening at each meeting and what the travel and pick up/drop off arrangements are.

I give permission in the case of an emergency for my child to receive medical treatment without my direct consent.

Under the Data Protection Act 1998 we need to obtain your consent before photographing/videoing your son/daughter. We therefore ask your consent for still photographs/video production to be taken of your son/daughter either by Northumberland Federation of Young Farmers or your son/daughters local Young Farmers' Club for use within displays, the website or for marketing and advertising purposes; in addition, local/regional/national press may also photograph participants on occasions such as during/following Presentation of Award ceremonies. I also consent for photographs to be used in publicity and marketing by NFYFC.

Name: .....

Signed: .....

Date: .....

**If your child is taking any medication that we need to be aware of, please contact Club Officers**

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**Hobbies and Interests.** (Please tick box to the **left** of as many as applicable)

<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Horse Riding	<input type="checkbox"/> Livestock	<input type="checkbox"/> Field Sports	<input type="checkbox"/> Music	<input type="checkbox"/> Theatre/Arts	<input type="checkbox"/> Sport
<input type="checkbox"/> Flower Arranging	<input type="checkbox"/> Charity Work	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Fashion	<input type="checkbox"/> Travel	<input type="checkbox"/> Water Sports	<input type="checkbox"/> Crafts
<input type="checkbox"/> Environment/Wildlife	<input type="checkbox"/> Computers/IT	<input type="checkbox"/> Rural Issues	<input type="checkbox"/> Training	<input type="checkbox"/> DIY	<input type="checkbox"/> Outdoor Pursuits	
<input type="checkbox"/> Working Overseas	<input type="checkbox"/> Pubs/Eating Out	<input type="checkbox"/> Conservation	<input type="checkbox"/> Other (please specify)			

**Ethnic Background**

‘Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. The Information Commissioner recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Young people aged 16 or over can make this decision for themselves.’

[www.standards.dfes.gov.uk](http://www.standards.dfes.gov.uk)

Please study the list below and tick one box only to indicate your ethnic background.

<input type="checkbox"/>	<b>White</b> (including British, Irish, any other white background)
<input type="checkbox"/>	<b>Mixed</b> (including White and Black Caribbean, White and Black African, White and Asian, any other mixed background)
<input type="checkbox"/>	<b>Asian or Asian British</b> (including Indian, Pakistani, Bangladeshi, any other Asian background)
<input type="checkbox"/>	<b>Black or Black British</b> (including Caribbean, African, any other Black background)
<input type="checkbox"/>	<b>Chinese</b>
<input type="checkbox"/>	<b>Other Ethnic Group</b>
<input type="checkbox"/>	<b>Do not wish to answer.</b>

**Disability**

Under the Disability Discrimination Act (DDA) a disability is defined as physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities.

Do you have a disability?       Yes       No

If yes, please tick the relevant box below.

<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	Blind/Partially sighted
<input type="checkbox"/>	Deaf/Hearing Impairment
<input type="checkbox"/>	Wheelchair User/Mobility Difficulties
<input type="checkbox"/>	Personal Care Support
<input type="checkbox"/>	Mental Health Difficulties
<input type="checkbox"/>	Unseen Disability (e.g diabetes)
<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	Learning Disabilities
<input type="checkbox"/>	Disability not listed above

Should you wish to provide additional information please do so in the space provided:

**USE OF YOUR DETAILS**

Information provided by you will be held on a database at the County YFC Office and the National Federation of Young Farmers’ Clubs. 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.

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.

**PLEASE RETURN THIS FORM ALONG WITH A PASSPORT SIZED PHOTOGRAPH FOR YOUR MEMBERSHIP CARD TO YOUR CLUB SECRETARY/TREASURER**

**For Office Use Only**

**Date entered on Database** ..... **Photocard Done**  **Membership Form Checked**

*TO BE SENT TO COUNTY OFFICE WHO WILL COPY & RETURN TO CLUB SECRETARY*  
**NORTHUMBERLAND FEDERATION OF YOUNG FARMERS CLUBS**

**PARENTAL/GUARDIAN CONSENT FORM**

1<sup>st</sup> SEPTEMBER 2017 - 31<sup>st</sup> AUGUST 2018

Dear Parent/Guardian,

All young persons under the age of 18 years must have parent/guardian permission before joining a Young Farmers Club. Activities will include club meetings, outside visits, competitions, sport and social events. The club will be involved in Northumberland County Events, including sports, speaking competitions, visits to farms including live stock classes, discos and dances, most of which are included in the club programme.

**MEMBERS DETAILS:**

Name:	Club:
Date of Birth:	Age of Joining:
Address:	
Post Code:	
Contact Telephone No/Mobile:	

**EMERGENCY CONTACT DETAILS:**

1) Name:	Relationship to member (please circle) parent/guardian/grandparent other (please state)	
Address: (If different to above)		
Post Code:		
Telephone Home:	Work:	Mobile:
2) Name:	Relationship to member (please circle) parent/guardian/grandparent other (please state) Relationship to member	
Address: (If different to above)		
Post Code:		
Telephone Home:	Work:	Mobile:

**IS HE/SHE ABLE TO SWIM 50M** Yes  No

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**MEDICAL HISTORY:**

Name of Doctor:

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Address:

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Post Code:

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Telephone No:

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I/We confirm that our young person does not suffer from any medical condition requiring regular treatment.

I/We confirm that our young person does suffer from (Diabetes, Asthma, Migraine, Epilepsy or any other illness)

YES/NO (If YES please provide details)

Is your young person allergic to anything? (antibiotics, penicillin, elastoplasts, aspirin or any such medicine)

YES/NO (If YES please provide details)

**TRANSPORT:**

I/We give permission for transport to be provided by a Young Farmer/Associate Member of either sex to and from meetings, visits, and County. I/We understand it is my/our responsibility to confirm what travel and pick up/drop off arrangements are.

**PHOTOGRAPHY/VIDEOING:**

Under the Data Protection Act 1998 we need to obtain your consent before photographing/videoing your son/daughter. We therefore ask your consent for still photographs/video production to be taken of your son/daughter either by the club or the Northumberland Federation of Young Farmers' Clubs for use within displays, the website or for marketing and advertising purposes; in addition, local/regional/national press may also photograph participants on occasions such as during/following Presentation of Award ceremonies. I also consent for photographs to be used in publicity and marketing by the National Federation of YFC.

Signature of Parent/Guardian: ..... Date: .....

I/We have read and given the required information above and hereby give my/our consent for .....(insert name of member) to be a participating member of ..... YFC and Northumberland Federation of Young Farmers' Clubs until 31<sup>st</sup> August 2018.

Signature of Parent/Guardian: ..... Date: .....

The above medical information is correct as far as I know. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the chairman/club leader acting on behalf of the club to hospitalise or treat my son/daughter, including proper anaesthesia, injections or surgery.

Signature of Parent/Guardian: ..... Date: .....