



# MEMBERSHIP APPLICATION & RENEWAL FORM 2011/2012

Valid until 31st August 2012 Buckinghamshire Federation of Young Farmers Clubs

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

## ALL MEMBERS TO COMPLETE FORM

Membership Number 04 -- [ ] (no. issued at County office )

New member  Current member  Male  Female  Please tick if aged 27 or over

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 \_\_\_\_\_ Mobile phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

### Contact names for use in an emergency:

Name 1: .....

Address: .....

Telephone (home): ..... (mobile): .....

Name 2: .....

Address: .....

Telephone (home): ..... mobile): .....

Name of Doctor: ..... Address: .....

..... Telephone: .....

**Have you ever suffered from any of the following conditions?** Diabetes, Asthma, Migraine, Epilepsy, or any other illness

YES / NO If yes, give details .....

**Are you allergic to anything?** (e.g. antibiotics, penicillin, elastoplasts, aspirin or any such medicines, any particular food)

YES / NO If yes, give details .....

**Are you receiving any medical treatment or on any prescribed medication?**

YES / NO If yes, give details .....

**Details of any medication to be taken, include frequency and any relevant side effects?**

.....

**Do you have any disabilities?** YES / NO If yes, give details .....

**Do you have any other special needs?** (eg dietary) .....

**School/College attended** .....

TO BE SIGNED BY PARENT OR GUARDIAN OF UNDER 18S.

I understand that while the adults in charge will take all reasonable care of the young people, they cannot be held responsible for any loss, damage or injury suffered arising during or as a result of the YFC activity.

**Permission to consent to Medical Treatment**

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, to hospitalise or treat my son/daughter, including proper anaesthesia, injection, or surgery. I authorise the Young Farmers Club agent to sign on my behalf any written form of consent required by the hospital authorities if the delay to obtain my signature is considered inadvisable by the medical professionals.

Signature of parent/guardian: ..... Date .....

**PHOTOGRAPHY** 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 for use within Club, County and NFYFC displays, the website or for marketing and advertising purposes. If you do not give permission, please tick the box

**USE OF YOUR DETAILS**

Information provided by you will be held on a database at the County YFC Office for use by your Club, County YFC and NFYFC and the National Federation of Young Farmers' Clubs. NFYFC will not pass any information held on their database to any other organisation but 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

If you do not wish your details to remain on our database once your membership of YFC expires, please tick the box

**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:

- Dyslexia
- Blind/Partially sighted
- Deaf/Hearing Impairment
- Wheelchair User/Mobility Difficulties
- Personal Care Support
- Mental Health Difficulties
- Unseen Disability (e.g diabetes)
- Multiple Disabilities
- Learning Disabilities
- Disability not listed above – please give details

**Ethnicity. Please tick against one only to indicate your ethnic background.**

- White (including British, Irish, any other white background)
- Mixed (including White and Black Caribbean, White and Black African, White and Asian, any other mixed background)
- Asian or Asian British (including Indian, Pakistani, Bangladeshi, any other Asian background)
- Black or Black British (including Caribbean, African, any other Black background)
- Chinese
- Other Ethnic Group
- Do not wish to answer.

Members Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU ARE UNDER 18 YEARS OF AGE PLEASE GET A PARENT/GUARDIAN TO COMPLETE AND SIGN THE FOLLOWING DECLARATIONS TO VALIDATE YOUR MEMBERSHIP:**

I hereby give consent for .....to attend meetings of the Young Farmers Club, to take part in lawful activities organised at Club, County, Area or National level, and to them being transported, if required, by other YFC members/officials. I understand the extent and limitations of the insurance cover provided. (Insurance details can be viewed at [www.nfyfc.org.uk](http://www.nfyfc.org.uk) )

Name:..... Relationship to member.....

Email address: .....Contact telephone number:.....

Address: .....

Signed.....Date:.....

Please note that in signing this form you are agreeing to allow your child to participate in lawful activities organised at Club, County or National level, and to them being transported, if required, by other YFC members/officials. Any falsification of the signature wouldbe deemed to render the insurance cover and membership void.