

NORFOLK YFC & COUNTRYSIDERS MEMBERSHIP FORM

1ST SEPT 2019 to 31ST AUG 2020

Office Use Only
Membership Number: _____
Date Issued: _____ Paid

Please make any amendments to the data on this form as necessary, sign & return it to County Office.

YFC MEMBERSHIP CARD'S WILL BE SENT TO YOUR CLUB TREASURER

COUNTRYSIDER MEMBERSHIP CARD'S WILL BE SENT TO YOUR CLUB LEADER

Only registered members will be covered by our Insurance, may vote in club/county elections, and compete in any competition.

Norfolk Federation of Young Farmers & Countrysiders Clubs, YFC Office, Tennis Centre, Easton & Otley College, Norwich, Norfolk NR9 5DX

Phone: 01603 731307

E-mail: norfolk.yfc@eastonotley.ac.uk

Website: www.norfolkyfc.co.uk

Male

Female

Other:

Please specify

| | | | |
|----------------------|-------------------|---------------|----------------|
| Mr / Mrs / Miss / Ms | First Name: _____ | Surname | _____ |
| House Name or No | _____ | Club Name | _____ CS / YFC |
| Road/Street | _____ | Date of Birth | _____ |
| Village | _____ | Home Phone | _____ |
| Town | _____ | Mobile Phone | _____ |
| County | _____ | Email Address | _____ |
| Post code | _____ | Occupation | _____ |

Under 18 YFC and Countrysider members only:

| | | | |
|----------------------|-------|----------------|-------|
| Parent/Guardian Name | _____ | Contact Number | _____ |
| P/G E-mail address | _____ | | |

Health Information

To ensure you are/your child is able to participate and enjoy the activities and opportunities that we provide, 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:

Please provide additional information

Doctors Contact:

Please include name, surgery address and telephone number

Please provide additional information

Emergency Contact Details

Emergency Contact Details (ICE) (2 for U18 year olds and at least one for over 18 year olds)

| | | | |
|---------------|-------|---------------------------|-------|
| Name: | _____ | Main contact number: | _____ |
| Relationship: | _____ | Alternative phone number: | _____ |
| Name: | _____ | Main contact number: | _____ |
| Relationship: | _____ | Alternative phone number: | _____ |

----- DO NOT REMOVE THIS STRIP -----

County & YFC Club Treasurer's Receipt

| | |
|-----------------------|---------|
| Member's name | _____ |
| Amount paid | £ _____ |
| Treasurer's signature | _____ |
| Date | _____ |

Member's Receipt

| | |
|---------------|---------|
| Club name | _____ |
| Member's name | _____ |
| Amount paid | £ _____ |

RE ISSUE OF YOUR CARD WILL COST £5

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**

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)

White (Irish)

Asian or Asian British (Bangladeshi)

Asian or Asian British (Indian)

Asian or Asian British (Pakistani)

Black or Black British (Caribbean)

Other: Please Specify

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Black or Black British (African)

Chinese or other ethnic group (Chinese)

Mixed (White and Black Caribbean)

Mixed (White and Black African)

Mixed (White and Asian)

Do not wish to answer

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Language

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

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 NFYFC membership magazine Ten26 to your home address

Yes/ No

Would you like to receive the NFYFC email newsletter YFC Buzz to your preferred email address

Yes/ No

Under 18 Members & Countrysiders

The medical information provided on this membership form is correct to the best of my knowledge and in the event of illness or accident requiring first aid treatment I understand that the responsible person at the event will make every effort to contact my responsible parent/guardian. In an emergency I understand that doctors/surgeons will make the decision regarding the necessary treatment without my consent.

I consent to my child traveling in a minibus provided by Norfolk Young Farmers and Countrysiders, or in a Club Officer, Leader or Helper's car (advance notice will be given where possible) for the membership year to organised meetings, events and activities.

We expect you as a parent/guardian to arrange for collection of your child/ward at the end of each meeting, events or activities. If you are happy for your child/ward to leave unaccompanied at the end of the session please give your permission here: **Yes/ No**

I have read and understood the above information and hereby give my consent for my child/ward to take part in Norfolk Young Farmers and Countrysiders activities. I understand that the Norfolk and National Federation insurance policies are available on request. I am aware that the responsible person/s for any given 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 an activity.

I understand that I have a responsibility to inform Norfolk Young Farmers and Countrysiders of any changes to this information, and am aware that permission slips and additional parental consent forms may be required for some activities.

COUNTRYSIDERS: I am a taxpayer and would like to Gift Aid the cost of my child/ward's membership to Norfolk Young Farmers & Countrysiders until further notice: Yes/ No

(this allows Norfolk YFC to claim back an additional £7.50 from HMRC at no extra cost to you!)

By signing your form you hereby agree to Norfolk YFC's policies which can be viewed at www.norfolkyfc.co.uk and agree that you are aware that the responsible person/s for any given 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 an activity.

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

**COUNTRYSIDERS (£30.00): Please make cheques payable to Norfolk YFC,
Alternatively pay by credit or debit card over the phone, 01603 731307**