



U18 MEMBERSHIP FORM

(VALID UNTIL PERSON ATTAINS 18TH BIRTHDAY)



Complete this form in **BLOCK CAPITALS** & return to the **CLUB TREASURER** with your Membership Fee

State which YFC Club you are joining:

1.

** Male / Female	** Miss / Mrs / Ms / Mr	** <i>delete as applicable</i>
First name:		House Name:
Preferred name:		
Surname:		Number/Road/Street:
Date of birth:		
Home phone: (inc. STD code)		Village:
Mobile phone:		Town:
Fax number:		County:
		Post code:
Email address:		

If the above details change in any way, please contact the County Office, to up date records.

2. CHILD PROTECTION POLICY

PARENTAL CONSENT

YFC activities will from time to time involve transporting members (U18) safely and with the greatest of care. The Federation and it's members will do their utmost to 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 YFC activities (which you will be notified of) and allow YFC members to be responsible for the travel arrangements for my child to these activities.
- I give permission in the case of an emergency, for my child to receive medical treatment without my direct consent.

Signature of Parent / Guardian:

Name: Date:.....

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

3. USE OF MEMBER DETAILS

Information provided will be held on a database at your County YFC Office and by the National Federation of Young Farmers' Clubs. The information will not be passed onto other organisations but details on their products and services may be sent to you using YFC 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 the above details to remain on our database once your 'annual' membership of YFC expires, please tick the box at the end of this line. (ie. If you renew your membership next year, a new form will need to be completed).

4. 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)

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

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

5. 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 here:

6. HOBBIES AND INTERESTS (Please tick applicable boxes to the right)

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"/>		<input type="checkbox"/>
Working Overseas	<input type="checkbox"/>	Pubs/Eating Out	<input type="checkbox"/>	Conservation	<input type="checkbox"/>	Other (please specify) _____							