

Database Updated:
(YFC Office use)

To be completed by ALL MEMBERS aged under 18
and returned to the Club Treasurer
with the appropriate Membership Form.

Membership No:
(YFC Office use)

06

Consent to Club:
(YFC Office use)

YOUNG FARMERS' CLUB – PARENT/GUARDIAN CONSENT FORM
1. YFC MEETINGS/ACTIVITIES 2014/2015

June 2014

All young people under the age of 18 must have parent/guardian permission before joining a Young Farmers' Club. YFC activities include meetings, visits, competitions, sports, social and other events at Club, County, Area and National level. Completion of specific consent forms may be required for additional specific activities during the membership year.

Member Name:
Address:
.....
Home Phone: **Mobile Phone:** **Age:** **Date of Birth:** **Male / Female***

Club Name:
Club Meeting Venue:
Meeting Day:
Meeting Times:

Medical History

*please delete as appropriate

Name of Doctor: **Address:**
.....
..... **Telephone:**

1. Does your son/daughter suffer from any of the following conditions or any other illness? **YES / NO***
Diabetes, asthma, migraine, epilepsy, travel sickness or any other illness
If **YES**, please give details:

2. Does your son/daughter have any allergies? **YES / NO***
(e.g. antibiotics, penicillin, aspirin or other medicines, insect bites/stings, elastoplast, foods etc.)
If **YES**, please give details:

3. Is your son/daughter receiving any medical treatment or taking any prescribed medication? **YES / NO***
If **YES**, please give details, including details of any medication being taken, its frequency and any relevant side effects:

4. Does your son/daughter have any disabilities or other special needs? **YES / NO***
(e.g. dyslexia, dietary, wheel chair access etc.)
If **YES**, please give details:

Any other relevant Information:.....
.....
.....

(please continue on a separate sheet if necessary)

Please ensure that any changes in the above information are advised to the Club and the YFC Office, thank you.

Emergency Contacts

Two responsible adults who can be contacted in an emergency:

1. Name: Relationship to member:

Address:

Telephone (home): (work): (mobile):

2. Name: Relationship to member:

Address:

Telephone (home): (work): (mobile):

Parent/Guardian Declaration

* please delete as appropriate

I confirm that, to the best of my knowledge, the information given on this form is correct.

I have read and understood the YFC information/programme of activities and hereby give my consent for my son/daughter* to be a participating member of YFC. This includes involvement in meetings, visits, competitions, sports, training, social and other events at Club, County, Area and National level.

In particular, I give my consent for my son/daughter* to participate in various County activities detailed below. I understand that additional information about these activities is available to me via the Club and the YFC Office.

Presidential Quiz	YES / NO*	County Sports	YES / NO*
Ten Pin Bowling	YES / NO*	Training Activities	YES / NO*
County AGM & Quiz	YES / NO*	Social Events	YES / NO*
Public Speaking & Chatterbox	YES / NO*	County Ball	YES / NO*
Mock Auction	YES / NO*	Cambs County Show	YES / NO*
Stock Judging	YES / NO*	Cambs County Show Disco	YES / NO*
County Cookery	YES / NO*		
Spring Competitions (including Efficiency with Safety, Fence Erecting, ATV etc.)	YES / NO*		
Recruitment Events (including Gransden Show, Open Farm Sunday, etc.)	YES / NO*		

Please note: a separate form will also be required for specific activities such as the 'Big Day Out', County Ball, Cambs County Show and County Show Disco where 'supervising adult' details will be required.

I am happy for my son/daughter* to be transported by a YFC member/supporter of either sex to and from Club, County, Area and National meetings and activities if this is necessary.

I also consent for photographs/video to be taken of my son/daughter* by YFC staff and members and/or local, regional or national press at Club, County, Area and National level for use within displays, websites or for marketing and advertising purposes or similar.

I understand that while the adults in charge of the activities will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury arising during or as a result of the activities. I understand that the YFC Insurance Policy is made available to me via the YFC Office and/or NFYFC website (www.nfyfc.org.uk) and understand the extent and limitations of the insurance cover provided.

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, selected by and acting on behalf of YFC to hospitalise or treat my son/daughter*, including proper anesthesia, injection, or surgery. I also authorise a representative of YFC to sign, on my behalf, any written form of consent required by the hospital authorities if a delay in obtaining my signature is considered inadvisable by the doctor or surgeon concerned.

SIGNED (Parent /Guardian*): **Date:**

Note: any falsification of this signature would deem the insurance cover and membership void

NAME (Parent /Guardian*) (block capitals):