



LINCOLNSHIRE PARENTAL CONSENT FORM – 2015-2016

Dear Parent/Guardian

All young adults under the age of 18 on the 1<sup>st</sup> September 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 Lincolnshire County Events, the County Show, Rally, Sports Days, discos and dances, most of which are included in both the club and County Programmes. **(Please delete as applicable)**

If selected, the young adult will be required to represent the County at East Midlands Area YFC events such as the Competitions weekend at Skegness and National YFC events such as Competitions Weekend at Stoneleigh, etc.

**MEMBERS DETAILS**

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Joining: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Contact Telephone No/Mobile: \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

1) Name: \_\_\_\_\_

Address (if different to above) \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address (if different to above) \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**MEDICAL HISTORY**

Name of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

I/We confirm that our young adult **Does Not/Does** suffer from (diabetes, Asthma, Migraine, Epilepsy, behavioural problems or any other illness)

If **YES** please provide details - continue over:

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

If **YES** please provide details:

I/We have read and given the required information above and hereby give my/our consent **in addition to signing the Membership Form** for .....(insert name of member) to be a participating member of..... YFC and Lincolnshire YFC until 31 August 2016

We would like to use photos of members for marketing purposes eg our website, please delete below if you do not agree with us using photos of your child. .

I also consent for any photographs taken to be used for YFC marketing purposes

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