



Worcestershire Federation of Young Farmers' Clubs

YFC County Office, Shires Farm, Hawford, Worcester, WR3 7SG

Tel: 01905 621616 E-Mail: countyoffice@worcsyfc.org.uk

Field Office: 01905 621617

Registered Charity Number: 523216

Parental Consent for Under 18 year old member attending:

Event: **WFYFC Winter Wonderland Ball 2018**

Event Start Date: **Friday 23rd November 2018**

Time: **21:00 – 02:00**

Venue: **Three Counties Showground, Malvern, WR13 6NW**

The form on the following page is to be completed by the Parent or Guardian of the member named **who is under 18 years of age on Friday 23rd November 2018**. It gives consent for that member to attend the event and the responsibility for the supervision of that member to a named individual, when the parent is not attendance. Where the parent is in attendance they are responsible for their child for the duration of the event. If you as the parent are attending please complete sections 1 and 3 of this form, if your child is attending with a supervising adult please ensure they (the supervising adult) complete section 2.

WFYFC will take responsibility for ensuring the safe running of all its events by working with the venue management and our own team of staff and stewards. Member's attendance will be in accordance with the WFYFC Safeguarding Policy. In the event of an accident or concern arising involving a member under the age of 18, WFYFC will liaise with the parent or the named individual who is supervising the member. Details on this form will be held securely and will only be shared with staff or others who need this information in order to meet the specific needs of your child.

Occasionally, we may take photographs or commission external companies to photograph or film on our behalf, members participating at our activities, competitions and events. These may be used by ourselves for promotional purposes, such as displays, scrapbooks, newsletters, on the website, social networking sites or in publications. The event may also be visited by the media who will take photographs or film footage which may lead to members appearing in these images in local or national newspapers, or on televised or internet news programs.

By permitting the named Under 18 member to attend the event you give your consent for any images/films in which the member may appear to be used by WFYFC or those authorised by it to do so.

I understand that I have a responsibility to inform WFYFC staff prior to the event of any changes to this information. If this form is completed insufficiently WFYFC will contact you to ascertain the relevant information.

Please complete the following page, which once completed must scanned/photographed and be uploaded electronically to the WFYFC on-line ticket shop in order for the ticket to be purchased.

Description of event:

WFYFC's Winter Wonderland Ball is an annual black-tie event held at the Three Counties Showground, Malvern. This is one of WFYFC's flagship events of the year with upwards of 1000 people in attendance.

Please note there will be a bar serving alcoholic beverages. WFYFC operate the challenge 21 policy and will not serve alcohol to anyone who cannot prove they are 18 or over. It is the responsibility of those named on the following form to ensure that they do not attempt to obtain or consume alcohol whilst at the event.

Parental Consent for Under 18 year old member attending:

WFYFC Winter Wonderland Ball 2018

Event Start Date: Friday 23rd November 2018**Office Use Only**

Chkd:

Ref:

Please use block capitals throughout

Section 1 – Details of under 18 year old member (TO BE COMPLETED BY THE PARENT/GUARDIAN)	
Full name of member	
Date of Birth	
YFC Membership Number	
Name of YFC Club	
Name of YFC County	

Medical History	
Doctor Name & Address	
Doctor Contact Number:	
Has the named participant ever suffered from any of the following conditions: Diabetes, Asthma, bad period pains, Migraine, Epilepsy, or any other illness?	Yes/No – If yes please give details
Is the named participant allergic to anything (e.g. antibiotics, penicillin, elastoplast, aspirin or any such medicines, any particular food etc.)?	Yes/No – If yes please give details
Is the named participant receiving any medical treatment or on any prescribed medication?	Yes/No – If yes please give details
Does the participant have any disabilities, additional needs and/or behavioral difficulties?	Yes/No – If yes please give details
Any other relevant information	Yes/No – If yes please give details

Section 2 – Details of the adult nominated by the parent/guardian to supervise the named member THIS SECTION TO BE COMPLETED BY THE SUPERVISING ADULT	
Name of person to supervise member: (Block Capitals)	
Membership number (if applicable)	
Mobile Telephone Number:	
Relationship to Under 18 Member	(Please specify: family member, friend, etc)
As the named individual with responsibility for supervising the underage member, I agree to look after the welfare of the member at all times at the event and to co-operate with WFYFC during any accident investigation relating to the individual YFC member I am supervising.	Signature of supervising member:
Date:	

Section 3 – Information & Emergency Contact Details (TO BE COMPLETED BY THE PARENT/GUARDIAN)			
<p>The medical information overleaf is correct to the best of my knowledge and in the event of illness or accident requiring hospital treatment I understand that the responsible person at the event will make every effort to contact me. In an emergency doctors/surgeons will make the decision regarding the necessary treatment without my consent.</p> <p>I have read and understood the attached information and hereby give my consent for my son/daughter to attend this event. I understand that the NFYFC insurance policy is available on request. I am aware that while the adults in charge of the 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 the activity.</p>			
Signed:	(Parent/Guardian)	Date:	
Full Name	(Block Capitals)		
Address:			
Do you have parental responsibility and/or legal guardianship in relation to this member?			Yes / No
EMERGENCY CONTACT DETAILS			
Name (Parent/Guardian)	(Block Capitals)		
Contacts:	Tel (Mobile)	Tel (Home)	Tel (Work)
Name (Parent/Guardian)	(Block Capitals)		
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