



Ffurflen Aelodaeth CFFI MALDWYN
2019-2020
MONTGOMERY YFC Membership Form

Tâl Aelodaeth / Membership Payment: £45

Enw / Name :- .....

Rhif Aelodaeth / Membership Number :- ..... / ..... / .....

Dyddiad Geni / Date of Birth :- ..... / ..... / .....

Rhyw / I identify my gender as :- Bachgen/Male – Merch/Female – Other/Arall

Cyfeiriad / Address :- .....
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Ebost / Email :- .....

Rhif Ffon / Phone Number :- .....

Rhif Ffon Symudol / Mobile Phone Number :- .....

Clwb / Club :- .....

Siaradwr/aig Cymraeg? / Welsh Speaker? :- Yndw/ Yes – Nadw/No – Dysgwr/Learner

GWYBODAETH IECHYD

Er mwyn sicrhau eich bod chi / eich plentyn yn gallu cymryd rhan a mwynhau'r gweithgareddau a'r cyfleoedd a ddarparwyd gan CFFI, gofynnwn ichi gwblhau'r wybodaeth iechyd ganlyinol a manylion gofynion dietegol, cyflyrau meddygol, anabledau neu anghenion addysgol arbennig (AAA).

HEALTH INFORMATION

To ensure you/your child is able to participate and enjoy the activities and opportunities that YFC provided, 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? Oes/Yes. Nagoes/No.
Do you have a disability? Oes/Yes. Nagoes/No.
Do you have any SEN (Special Educational Needs)? Oes/Yes. Nagoes/No.
Do you have any allergies? Oes/Yes. Nagoes/No.
Do you have any other additional needs? Oes/Yes. Nagoes/No.

Nodwch unrhyw gyflwr meddygol, anghenion arbennig neu unrhyw gyflwr anabledd y dylem bod yn ymwybodol ohono:

Please give brief details of any medical condition, special need or any disability we should be aware of:

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Enw a rhif cyswllt mewn argyfwng/Name & Contact No. In case of emergency: (1)

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Enw a rhif cyswllt mewn argyfwng/Name & Contact No. In case of emergency: (2)

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Rwyf yn cadarhau bod y manylion yma yn gywir hyd y gwn i ac os bydd newid ymgynghoraf â'r Clwb ar unwaith.

I confirm these details are correct to the best of my knowledge and should they change will advise the Club immediately.

Llofnod / Signature: .....

Ni all y trefnwyr dderbyn cyfrifoldeb am gyfarpar, eiddo personol, dillad ac ati. Er hynny, mae pawb sydd yn talu tâ aelodaeth lawn yn cael eu yswirio'n awtomatig gan Bolisi Yswiriant FfCCFfl. Gellir gwneid cais am fwy o wybodaeth ynglyn â hyn.

Rhoddaf yr hawl i'm plentyn gymryd rhan mewn unrhyw weithgaredd neu gystadleuaeth a drefnir gan ei glwb / ei chlwb, Ffederasiwn Clybiau Ffermwyr Ifainc Maldwyn, Ffederasiwyn Clybiau Ffermwyr Ifanc Cymru ac/neu Ffederasiwyn Cenedlaethol Clybiau Ffermwyr Ifanc yn ystod y flwyddyn aelodaeth hon. Rhoddaf yr hawl, mewn argyfwng i'm plentyn dderbyn triniaeth neu ofal meddygol heb fy nghaniatâd uniongyrchol i.

**\*RYDWYF / \*NI RYDWYF** yn caniatáu i unrhyw lluniau neu fi deos mewn unrhyw weithgareddau cael ei defnyddio i hyrwyddo'r CFFI.

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No responsibility for personal equipment, clothing and effects can be accepted by the organiser. However all fully paid up members are automatically covered by the NFYFC Insurance Policy. Further information is available on request.

I give permission for my child to take part in any YFC competition or activity organised by his / her club, Montgomery Federation of Young Farmers' Clubs, Wales YFC and / or NFYFC during the current year of membership.

I give permission in the case of an emergency for my child to receive medical treatment without my direct consent.

**I \*DO / \*DO NOT** consent to any photographs or videos taken during activities that may be used in promoting the YFC.

Arwyddwyd Rhiant/Gwarchodwr: / Signed Parent/Guardian:

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Dyddiad/Date:

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