

<b>Enw / Name:</b>		<b>Clwb / Club:</b>	
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<b>Dyddiad Geni</b> <b>Date of Birth :</b>		<b>Oedran ar 01/09/10</b> <b>Age at 01/09/10:</b>		<b>Cymro / Cymraes?</b> <b>Welsh Speaker?</b> Ie / Yes      Na / No
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<b>Rhifau Ffôn / Phone Numbers</b>	<b>Cyfeiriad / Address:</b> _____ _____ <b>Côd Post / Post Code:</b> _____
<b>Adre / Home:</b>	
<b>Gwaith / Work:</b>	
<b>Ffacs / Fax:</b>	
<b>Symudol / Mobile:</b>	
<b>E-bost / E-mail:</b>	
<b>Gwaith / Occupation:</b>	

<table border="1"> <tr> <td><b>Bachgen</b></td> <td><b>Merch</b></td> </tr> <tr> <td><b>Male</b></td> <td><b>Female</b></td> </tr> </table>	<b>Bachgen</b>	<b>Merch</b>	<b>Male</b>	<b>Female</b>	Amgylwch fel y bo'n briodol / Circle as appropriate	<b>Enw a rhif cyswllt mewn argyfwng</b> <b>Name &amp; Contact No. In case of emergency:</b>
<b>Bachgen</b>	<b>Merch</b>					
<b>Male</b>	<b>Female</b>					

**Oes gennych Chi / Do you have:** Anabledd  Anghenion Arbennig  Cyflwr Meddygol   
 A Disability      Special Need      Medical Condition

Plis nodwch manylion byr o 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: \_\_\_\_\_

**Hobiau / Hobbies :** \_\_\_\_\_

**Sut y buasech chi yn disgrifio eich hunan?**  
**How would you describe yourself?**

Asian or Asian British	Bangladeshi
	Indian
	Pakistani
Black or Black British	Other Asian Background
	African
	Caribbean
Chinese	Other Black Background
Dual Heritage	Chinese
	White & Asian
White	White & Black Caribbean
	Other Dual Background
	British
	Irish
Other	Other White Background
Please Specify	.....
	Prefer not to say

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

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

\* Dileu fel bo angen os gwelwch yn dda  
 \* Please delete as applicable

**Rydwyf yn cadarnhau bod y manylion yma yn gywir hyd y gwni 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: \_\_\_\_\_  
 Dyddiad / Date: \_\_\_\_\_

**MAE'N RHAI D I BAWB SYDD O DAN 18 OED GWBLHAU FFURFLEN CANIATAD RHIENI CYN**  
**Y GELLIR DERBYN AELODAETH (GWELER TROSODD)**  
**ALL UNDER 18'S MUST HAVE COMPLETED PARENTAL CONSENT FORM BEFORE MEMBERSHIP CAN BE ACCEPTED.**  
**(SEE REVERSE)**

**I'r Swyddfa Yr Unig /Office Use Only**

Talwyd Paid:	Rhif Aelodaeth Membership No. :
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MUDIAD CLYBIAU FFERMWYR IFANC MALDWYN  
MONTGOMERY FEDERATION OF YOUNG FARMERS' CLUBS

FFURFLEN CANIATAD RHIENI / PARENTAL CONSENT FORM

Enw / Name: \_\_\_\_\_ Dyddiad Geni / Date of Birth: \_\_\_\_\_

Clwb / Club: \_\_\_\_\_

Os oes gan eich mab/merch unrhyw gyflwr meddygol, anabledd neu angherion arbennig y dylem fod yn ymwybodol ohono, yna nodwch isod os gwelwch yn dda. / Has your son/daughter any medical condition, disability or special need that we should be made aware of? If so please state:

Dyddiad chwystrellaid gwrth-tetanus diwethaf (os yn bosibl) / Date of last anti tetanus injection (if known)

Enw a chyfeiriad y meddyg teuluol: / Name and address of family doctor:	
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Rhif Ffôn: / Tel No:	
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Enw & Chyfeiriad y Rhiant/Gwarchodwr: / Name & Address of Parent/Guardian:	
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Rhif Ffôn: (Dydd) / Tel No: (Day)		Rhif Ffôn: (Nos) / Tel No: (Eve)	
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Enw & Chyfeiriad os yn wahanol i'r uchod, os bydd argyfwng: / Name & Address if different from above in case of emergency:	
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Rhif Ffôn: (Dydd) / Tel No: (Day)		Rhif Ffôn: (Nos) / Tel No: (Eve)	
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Ni all y trefnwyr dderbyn cyfrifoldeb am gyfarpar, eiddo personol, dillad ac ati. Er hynny, mae pawb sydd yn talu tâl aelodaeth lawn yn cael eu yswirio'n awtomatig gan Bolisi Yswiriant Ff.C.C.Ff.I. Gellir gwneud cais am ffurflen o wybodaeth ynglyn â hyn.

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.

Rhoddaf yr hawl i'm plentyn gymryd rhan mewn unrhyw weithgaredd neu gystadleuaeth a drefnir gan ei glwb / ei chlwb, Ffederasiwn Clybiau Ffermwyr Ifanc 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.

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.

Arwyddwyd Rhiant/Gwarchodwr: / Signed Parent/Guardian:		Dyddiad: / Date:	
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