



CFFI MALDWYN / MONTGOMERY YFC
Ffurflen Aelodaeth 2011—2012 Membership Form



Enw / Name:	Clwb / Club:
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Dyddiad Geni Date of Birth :	Oedran ar 01/09/11 Age at 01/09/11:	Cymro / Cymraes? Welsh Speaker? Ie / Yes Na / No
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MAE'N RHAI D I BAWB SYDD O DAN 18 OED GWBLHAU FFURFLLEN CANIATAD RHINIEN! - (GWELER TROSODD)
ALL UNDER 18'S MUST SUBMIT A PARENTAL CONSENT FORM! - (SEE REVERSE)

Rhifau Ffôn / Phone Numbers Adre / Home:	Cyfeiriad / Address:
Gwaith / Work:	Côd Post / Post Code:

E-bost / E-mail:

Gwaith / Occupation:

Symudol / Mobile:	Enw a rhif cyswllt mewn argyfwng Name & Contact No. In case of emergency:
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Bachgen Male	Merch Female
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Amgylwch fel y bo'n briodol / Circle as appropriate

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
	Other Asian Background
Black or Black British	African
	Caribbean
	Other Black Background
Chinese	Chinese
Dual Heritage	White & Asian
	White & Black Caribbean
	Other Dual Background
White	British
	Irish
	Other White Background
Other
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: _____

Please tick if you agree to the terms below:

Please treat all gifts of money I have made in the past 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that Montgomery YFC will claim on your gifts for that tax year.

I'r Swyddfa Yr Unig /Office Use Only	
Talwyd Paid:	Rhif Aelodaeth Membership No. :

**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 fwy 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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