



**GILLINGHAM ANCHORIANS RUGBY FOOTBALL CLUB
RFU, KCRFU, KSRFUR, LRFU**

**YOUTH SECTION
MEDICAL CONSENT FORM SEASON 2017/2018**

1. Name of Player:
2. Date of Birth:/...../.....
3. Existing Medical/Injury Problems
4. Medication taken on a regular basis:
5. In the event of illness/injury which may require urgent medical treatment and the administering of anaesthetic (including but not limited to blood transfusions and invasive surgery), I agree to the following signing the necessary consent form required:
 - Any appointed Officer of the GARFC Youth Section
 - Any preliminary qualified RFU Coach
 - Any Coach of my son/daughter's age group
 - Any other nominated adult whose full name I have printed below

.....
**Please delete any of the above categories of person that you do not wish to sign

Signed:Parent/Guardian Date.....

Address:

Telephone number, Home:Mobile:.....

E mail address.....

SUBSCRIPTIONS

RFU+family Association annual fees: U6-8 £60, U9-11 £90, U12 upwards £120

Amended Payment for siblings Cost:£.....as agreed with Chairman

*Please make cheques payable to GARFC Youth Section By BACS to Barclays Bank Ltd Medway Towns sorting code 20-54-25 a/s no 33263940
Please include your child's name as reference.*

Subscriptions Receipt

Fee Received

Signed..... Date.....