



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

**YOUTH SECTION MEDICAL CONSENT FORM SEASON 2021/2022**

1. Name and Surname of Player: .....
2. Date of Birth: ...../...../..... Team/Age group: .....
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 fees (circle as appropriate): U6-8 = £60; U9-11= £90; U12-17 = £120

Amended Payment for siblings: £..... (as agreed with Chairman)

*Please make cheques payable to GARFC Youth Section  
Or by direct bank payment (BACS) to:  
Barclays Bank Ltd Medway Towns sorting code 20-54-25 acc no 33263940  
Please include your child's name as reference.*

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**GARFC Minis & Youth Subscriptions Receipt**

Fee Received (amount) : .....

Signed: ..... Date: ...../...../.....