



**NORTH DOWNS MOLES CLUB**  
**REGISTRATION FORM**

Child's Name ..... Child's Name .....

Known as: ..... Known as: .....

Date of Birth ..... Date of Birth .....

**Contact Details:**

Name & contact details of parent/guardian:

Name: ..... Telephone Number .....

Email:.....

Please give at least **two** emergency daytime telephone numbers:

Person ..... Telephone Number .....

Person ..... Telephone Number .....

Person ..... Telephone Number .....

Who will be collecting your child/children? .....  
.....

Has your child had any recent illnesses, operations or injuries?

Is your child allergic to any food or drink?

Is your child allergic to bee or insect stings?

Does your child take any regular medication?

Please provide any additional information you feel we may require

Signed ..... Dated .....

**Requirements**

Monday	Tuesday	Wednesday	Thursday	Friday
				Closed

*(one tick for each child please)*