



2019 World Class Quickstart Heritage Day Camp Registration Form

Camper Name _____ Parent Name _____

Address _____ City/State/Zip _____

Email _____ Cell _____

Date of Birth and Age _____ Please sign my child up for the following day(s)/week: Check all that apply.

Full Week April 15 to 19, 2019 _____

Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____

The camp runs from 8:30 to 2:30 at \$240/wk or \$55/day. \$ _____ Total due.

Enclosed is my check (payable to VDM Tennis). Or please charge my credit card

_____ exp _____

Printed Name _____ Signature _____

Medical/photo release form must accompany registration form

Forms can be scanned and emailed to jim@vdmtennis.com or faxed to 843-785-7032

Parents: In this day and age it is critical that we know of any allergies, medical or health issues:

Health Information:

Injuries/medical conditions (previous/current)

Regular medications taken by player:

Allergies (medications/environmental):

Special needs (dietary, etc)
