



**World Class QuickStart Tennis Fall 2017 Registration Form**

Player Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_ Grade in School pre-K / K / 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup>

**World Class QuickStart Orange/Green/Yellow  
12 Weeks August 29 to November 16, 2017**

**Please note that 1 session is 2 hours for this program**

**My child is going to participate on the following day(s) and time(s)  
(check all that apply)**

- \_\_\_\_\_ \$477.00      **One training session/week per family**
- \_\_\_\_\_ \$954.00      **Two training sessions/week per family**
- \_\_\_\_\_ \$1431.00      **Three training session/week per family**
- \_\_\_\_\_ \$1908.00      **Four training sessions/week per family**

**Tuesday 4 to 6** \_\_\_\_\_      **Wednesday 4 to 6** \_\_\_\_\_      **Thursday 4 to 6** \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ (payable to Van Der Meer Tennis) or

Charge my credit card \$ \_\_\_\_\_ # \_\_\_\_\_ exp \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

**Forms can be scanned and emailed to [jim@vdmtennis.com](mailto: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) \_\_\_\_\_