



World Class QuickStart Tennis Fall 2019 Registration Form

Player Name _____ Parent Name _____

Address _____

City/State/Zip _____

Email _____ Cell _____

Date of Birth / Age _____ Grade in School pre-K / K / 1st / 2nd / 3rd / 4th / 5th

**World Class QuickStart Orange/Green/Yellow
12 Weeks August 20 to November 7, 2019**

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)**

_____ \$500.00 **One training session/week per family**

_____ \$1000.00 **Two training sessions/week per family**

_____ \$1500.00 **Three training session/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 hannah@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) _____