



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 / 1st / 2nd / 3rd / 4th / 5th

World Class QuickStart Sponge/Red

12 Weeks August 29 to November 16, 2017

Please note that 1 session is 1 hr for this program

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

_____ \$267.00 One training session/week per family

_____ \$477.00 Two training sessions/week per family

_____ \$716.00 Three training session/week per family

_____ \$954.00 Four training sessions/week per family

Tuesday 4 to 5 _____ Wednesday 4 to 5 _____ Thursday 4 to 5 _____

Tuesday 5 to 6 _____ Wednesday 5 to 6 _____ Thursday 5 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 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) _____