



**World Class QuickStart Tennis Fall 2020 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 Red Ball**

**12 Weeks August 24 to November 12, 2020**

**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)**

\_\_\_\_\_ \$285.00      **One training session/week per family**

\_\_\_\_\_ \$510.00      **Two training sessions/week per family**

\_\_\_\_\_ \$765.00      **Three training sessions/week per family**

**Tuesday 3:30-4:30** \_\_\_\_\_

**Wednesday 3:30-4:30** \_\_\_\_\_

**Thursday 3:30-4:30** \_\_\_\_\_

**Tuesday 4:30-5:30** \_\_\_\_\_

**Wednesday 4:30-5:30** \_\_\_\_\_

**Thursday 4:30-5:30** \_\_\_\_\_

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](mailto: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) \_\_\_\_\_