



World Class QuickStart Tennis Fall 2022 Registration Form

Player Name	Parent Name		
Address			
City/State/Zip			
Email	Cell		
Date of Birth / Age_	Grade in School pr	re-K / K / 1^{st} / 2^{nd} / 3^{rd} / 4^{th} / 5^{th}	
	World Class QuickS	tart Red Ball	
	12 Weeks August 30 to N Please note that 1 session is 1 hr My child is going to participate on the (check all that a	r for this program e following day(s) and time(s)	
\$300.00	One training session/week per family		
\$546.00	Two training sessions/week per family		
\$819.00	Three training sessions/week per famil	Jy	
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 checl	k for \$ (payable to Van Der Me	er Tennis) or	
Charge my credit car	rd \$ #	exp	
	Signature Forms can be scanned and emailed to <u>cu</u>		
Parents: In	this day and age it is critical that we kno	w of any allergies, medical or health issues:	
Health Information Injuries/medical condition	tions (previous/current)		
Regular medications ta	aken by player:		
Allergies (medications	/environmental):		
Special needs (dietary,			