



VAN DER MEER TENNIS ACADEMY

Youth Tennis Fall 2024 Registration Form (ages 5 to 12)

Player Name _____ Parent Name _____

Address _____

City/State/Zip _____

Email _____ Cell _____

Date of Birth / Age _____ Color ball(circle one): red orange green

Youth Fall Tennis

September 24- November 14, 2024

Tuesday & Thursday

4:00-5:30pm

My child is going to participate on the following day(s) and time(s)

Day(s) attending: (circle) Program Price Day Price

Clinic Option: (circle)	8 Weeks	Daily Rate
Clinic Price	\$840	\$60
4:00-5:30pm	24hrs	1.5hrs

Pricing is for Red, Orange & Green ball

10% discount for each additional child in any color ball

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

Charge my credit card \$ _____ # _____ exp _____

Printed Name _____ Signature _____

Health Information:

Injuries/medical conditions (previous/current) _____

Regular medications taken by player: _____

Allergies (medications/environmental): _____

Special needs (dietary, etc) _____

Forms can be scanned and emailed to customerservice@vdmtennis.com