



# VAN DER MEER TENNIS ACADEMY

## Youth Tennis Fall/Winter 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

**November 19- January 23, 2025**

**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

Thanksgiving week session will be Tue & Wed 26<sup>th</sup> & 27<sup>th</sup>

No Sessions the weeks of Christmas & New Years

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](mailto:customerservice@vdmtennis.com)