



VAN DER MEER TENNIS ACADEMY

Youth Tennis Summer Camp 2025 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

Please sign up my child up for the following week(s): Indicate the days that apply using "All" for Monday through Friday or **M, T, W, Th, F** if individual days are desired. Please note **Week 4 is Monday through Thursday (\$180/week)**

Week 1 - June 9-13 _____ Week 5 - July 7-11 _____

Week 2 – June 16-20 _____ Week 6 – July 14-18 _____

Week 3 – June 23-27 _____ Week 7 – July 21-25 _____

Week 4 – June 30 – July 3 _____ Week 8 – July 28-Aug 1 _____

Normal camp hours are **9:00am – 12:00pm @ \$205/wk or \$190/wk** for 4 or more weeks. Individual days are **\$50 Daily**.

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