



# 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 3 is Monday through Thursday (\$180/week)**

Week 1 - June 16-20 \_\_\_\_\_ Week 5 - July 14-18 \_\_\_\_\_

Week 2 - June 23-27 \_\_\_\_\_ Week 6 - July 21-25 \_\_\_\_\_

Week 3 - June 30 - July 3 \_\_\_\_\_ Week 7 - July 28- Aug 1 \_\_\_\_\_

Week 4 - July 7-11 \_\_\_\_\_

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](mailto:customerservice@vdmtennis.com)