



**City of Los Angeles
Department of Recreation & Parks
Metro Region**



Lotus Blossom Youth Tennis Clinic
Registration Form



Please print clearly

Child's Name: _____ D.O.B. ___/___/___

Parent/Legal Guardian Name: _____

Email Address: _____

Address: _____

City: _____ Zip: _____

Cell Phone: () _____ Home Phone: () _____

Emergency Contact

Name: _____

Relationship: _____

Cell Phone: () _____ Home Phone: () _____

Ages 5-17 years

\$10 Fee per child/\$5 per each sibling

REGISTRATIONS ARE WELCOME THE DAY OF THE EVENT!!!

Parent/Legal Guardian Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO:
CITY OF L.A. OF REC & PARKS
Amount enclosed: \$ _____

<p><i>Office Use Only</i></p> <p>Receipt # _____</p>
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Please read and sign Parent/Legal Guardian Consent information on the reverse side

