

JERSEY CITY
DEPARTMENT OF RECREATION

ADULT BADMINTON



P.S. # 8

96 FRANKLIN STREET

OCTOBER 21, 2014 - FEBRUARY 26, 2015

TUESDAYS AND THURSDAYS

6:00PM - 9:00PM

REGISTER ONSITE OR CALL 201-547-5003

OPEN TO ADULTS AGES 18 & UP



PRESENTED BY: **MAYOR STEVEN M. FULOP**, THE JERSEY CITY
MUNICIPAL COUNCIL AND THE DEPARTMENT OF RECREATION
For more information, please call, 201-547-5003 or visit
jerseycitynj.gov



JerseyCityNJ



JC_GOV



jerseycitynj

With support from the Jersey City Public Schools



**MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
AND
THE DEPARTMENT OF RECREATION**



ADULT BADMINTON



PARTICIPATION FORM

Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Permission to post pictures: Yes _____ No _____

Person to Notify in Case of Emergency: _____ Phone #: _____

As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Department of Recreation Adult Badminton Program. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Department of Recreation. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.

Signature: _____

Date: _____