

JERSEY CITY DEPARTMENT OF RECREATION

ADULTS TENNIS INSTRUCTION

P.S. # 8 - 96 FRANKLIN STREET
OCTOBER 7, 2014 - FEBRUARY 26, 2015
TUESDAYS AND THURSDAYS, 6:00PM - 9:00PM

Register onsite or call
201-547-5003

OPEN TO ADULTS AGES 18 AND 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

With support from the
Jersey City Public Schools



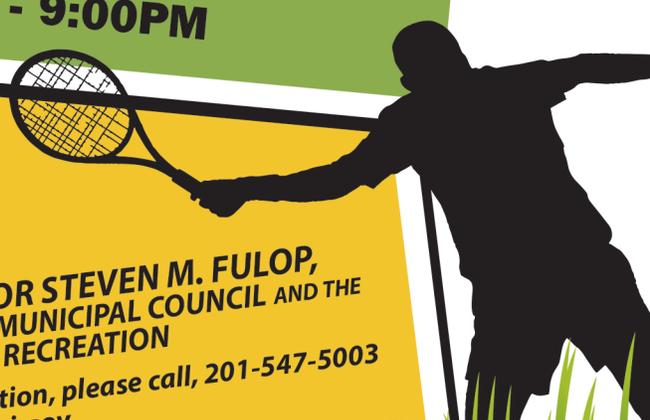
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MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
AND
THE DEPARTMENT OF RECREATION



ADULTS TENNIS INSTRUCTION



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 Adults Tennis Instruction 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: _____