



MONDAY, WEDNESDAY & FRIDAY ★ 5 - 9PM

»» PROGRAM LOCATIONS »»»»»» ★ ★ ★

PS # 15, 135 Stegman Avenue
PS # 27, 21 North Street
PS # 40, 880 Gates Avenue

PS # 17, 600 Bergen Avenue
PS # 39, 214 Plainfield Avenue
PS # 41, 59 Wilkinson Avenue

OPEN TO BOYS & GIRLS AGES 8 - 14

★ **REGISTER NOW AT (201) 547 - 5003** ★

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**



**BEAT THE
STREETS
BASKETBALL PROGRAM**

PARTICIPATION FORM

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

Name: _____ Male: _____ Female: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

School: _____ Grade: _____ as of September 2014

Medical Conditions: _____

Name of Parent/Guardian: _____

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 "Beat The Streets" Basketball 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.

Parent/Guardian: _____ Date: _____

