JERSEY CITY RECREATION BOXING

OPEN TO BOYS AND GIRLS
AGES 8 - 18

PS #7, 222 LAIDLAW AVENUE

MONDAY - THURSDAY, 4:00PM - 8:00PM
4:00PM - 6:00PM, AGES 8 - 12
6:00PM - 8:00PM, AGES 13 - 18

ONGOING REGISTRATION

MUST BRING BIRTH CERTIFICATE
AND PROOF OF RESIDENCY
REGISTER AT CAVEN POINT OFFICE
1 CHAPEL AVE., JERSEY CITY NJ

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.

City of Jersey City Official Government Page
JC_GOV

This activity is not a school-sponsored activity

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

JERSEY CITY RECREATION BOXING

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. By signing this form, the participant, and parent/guardian affirms having read and understood league rules, restrictions, registration, and tryout process.

Name: _____

Permanent Home Address: _____

City, State, Zip: _____

Date of Birth: _____ **Home Telephone #:** _____

School: _____ **Grade:** _____ **AS OF SEPTEMBER 2013**

Address: _____

Name of Parent/Guardian: _____

Person to Notify in Case of Emergency: _____

Emergency Contact #: Home: _____ **Work:** _____

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 RECREATION BOXING. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the regulations set forth by the Department of Recreation.

Parent/Guardian Signature: _____ **Date:** _____