

FIRST TEE

JERSEY CITY RECREATION GOLF PROGRAM

APRIL 13TH THROUGH JUNE 26TH, 2015
4:00PM - 6:00PM

REV. ERCEL WEBB PARK, HALLADAY & LAFAYETTE STS.
MONDAY & WEDNESDAYS

PERSHING FIELD, 201 CENTRAL AVENUE
TUESDAY & THURSDAY

HAMILTON PARK, 1 WEST HAMILTON PLACE
FRIDAYS

OPEN TO BOYS & GIRLS
AGES 6 - 14

REGISTRATION BEGINS MARCH 23, 2015
CALL AT 201-547-5003

JERSEY CITY RESIDENTS ONLY (PROOF OF RESIDENCY NEEDED)



Mayor
Steven M. Fulop



PRESENTED BY: MAYOR STEVEN M. FULOP, THE JERSEY CITY
MUNICIPAL COUNCIL, JERSEY CITY PUBLIC SCHOOLS
AND THE DEPARTMENT OF RECREATION

For more information, please call, 201-547-5003 or
visit jerseycitynj.gov



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Dr. Marcia V. Lyles
Superintendent
Jersey City Public Schools

With support from the Jersey City Public Schools



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



Jersey City Recreation First Tee Golf Program

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: _____ Male () Female ()
(Last, First, Middle)

Address: _____

City, State, Zip: _____

Date of Birth: _____ Age: _____ Email Address: _____

Parent/Guardian Name: _____ Soc. Sec # (Last 4 digits only): _____

Home Phone: _____ Cell Phone: _____

Number of Household members: _____ Permission to post pictures: Yes _____ No _____

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

The Department of Recreation is offering "Free Swim Lessons" as a part of the Summer Fun Program.
Please check for your child to participate: _____ YES _____ NO

As determined by my physician, I believe my child is in good physical condition and I as the parent of the above named child am not aware of any present or previous disease or injury that would result in being impaired during participation with the Jersey City Department of Recreation activity program designated above. I empower the staff to exercise reasonable care in the event of an emergency. I also give permission for my child to attend field trips and partake in photos/videos for recreational purposes only. I hereby agree to abide by the rules and regulations set forth by the Jersey City Department of Recreation. I also agree to hold harmless the City of Jersey City and the Jersey City Department of Recreation's employees and class instructors.
Initials: _____

Medical Issues or Special Needs:

Allergies: _____

Restrictions: _____

FAMILY SIZE	1	2	3	4	5	6	7	8
MAXIMUM INCOME	\$43,200	\$49,400	\$55,550	\$61,700	\$66,650	\$71,600	\$76,550	\$81,450

PLEASE CIRCLE CATEGORY

Ethnic Breakdown: (Note: If you identify yourself as one of the listed ethnicities and Hispanic, please place a check in both columns)

Hispanic or Latino	_____	Not Hispanic or Latino	_____
		Hispanic /Non-Hispanic	
White		_____ / _____	
Asian		_____ / _____	
Asian & White		_____ / _____	
American Indian/Alaskan Native		_____ / _____	
Black/African American		_____ / _____	
Native Hawaiian/Other Pacific Islander		_____ / _____	
American Indian/ Alaskan Native & White		_____ / _____	
Black/African American & White		_____ / _____	
Am. Indian/Alaskan Native & Black/African American		_____ / _____	
Asian/Pacific Islander		_____ / _____	
Other Multi-Racial		_____ / _____	

Head of Household Female _____ or Male _____

*****Please include with this form (if applicable to program): 1- Copy of Birth Certificate or Baptismal Certificate; 2- Proof of Residency (PSE&G, Cable, Phone bill). Driver's licenses or residential leases will not be an acceptable form of Identification or Proof of Residency.**

To my knowledge, all information on this form is true and accurate. I understand that any incomplete information will delay the processing of my application regardless of when it is received by the City of Jersey City and the Jersey City Department of Recreation's employees and staff. 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 Jersey City Department of Recreation. I also agree to hold harmless the City of Jersey City and the Jersey City Department of Recreation's employees and class instructors.

Parent/Guardian (Please Print Name): _____

Parent/Guardian Signature: _____ Date: _____

Rec'd by: _____ Date: _____

Site Assignment (if applicable): _____