

JERSEY CITY DEPARTMENT OF RECREATION

FREE SWIMMING LESSONS

2014-2015

Program locations

PS #6	100 St. Pauls Ave.	Tuesdays & Thursdays	4pm - 7pm
PS #16	96 Sussex St.	Mondays & Wednesdays	4pm - 7pm
PS #23	143 Romaine Ave.	Tuesdays & Thursdays	4pm - 7pm
PS #27	201 North St.	Mondays & Wednesdays	4pm - 7pm

Registration

Begins November 13, 2014 - At site during hours of operation

Program (dates & times)

Class 1	November 10 - November 25	Class 5	March 2 - March 30
Class 2	December 1 - December 18	Class 6	April 13 - April 30
Class 3	January 5 - January 29	Class 7	May 4 - May 28
Class 4	February 2 - February 26		

OPEN TO BOYS AND GIRLS AGES 6 -14

PRE-REGISTRATION IS REQUIRED, FIRST COME FIRST SERVE BASIS

15 INDIVIDUALS PER CLASS - SPACE IS LIMITED

CLASSES ARE 1 DAY PER WEEK - ½ HOUR PER SESSION

BEGINNERS, 4:00PM - 4:30PM / ADVANCED, 5:00PM - 5:30PM

OPEN SWIM/FAMILY SWIM, 5:30PM - 7:00PM

Call 201-547-6886 for open swim hours at the public school pools.



PRESENTED BY: **MAYOR STEVEN M. FULOP, THE JERSEY CITY MUNICIPAL COUNCIL AND THE DEPARTMENT OF RECREATION**
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With support from the Jersey City Public Schools



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



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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 2015

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 Piranha Try-Outs. 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: _____