

**JERSEY CITY
DEPARTMENT OF
RECREATION**

**GIRLS BASKETBALL
ACADEMY**

PS#12

91 ASTOR PLACE - JERSEY CITY, NJ 07304

**START DATE: OCTOBER 2, 2014
TUESDAYS AND THURSDAYS, 4:00PM - 8:00PM**

**4:00PM - 5:30PM (AGES 7 - 13)
6:00PM - 8:00PM (AGES 14 - 17)**

REGISTER ON SITE

**GIRLS SHOULD WEAR SNEAKERS AND SHORTS,
AND BRING THEIR OWN WATER.**



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

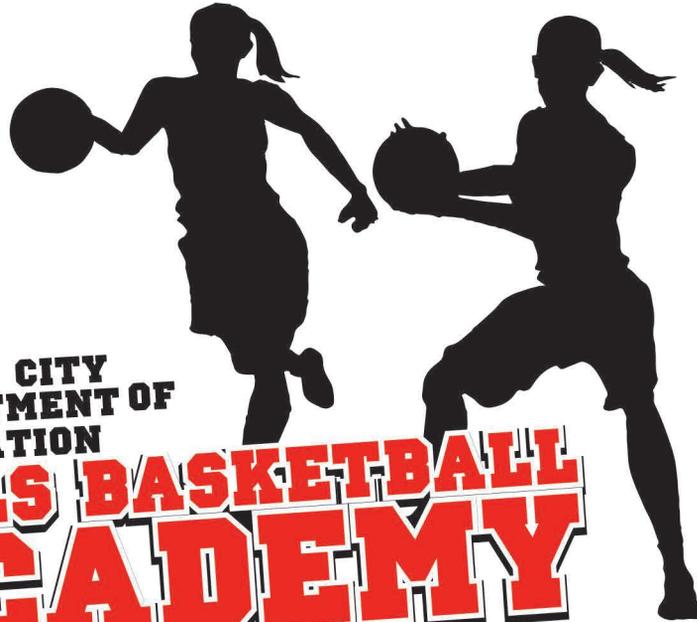


jerseycitynj

With support from the Jersey City Public Schools



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



JERSEY CITY
DEPARTMENT OF
RECREATION
GIRLS BASKETBALL
ACADEMY

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 Girls Basketball Academy. 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: _____