



CITY OF JERSEY CITY
DEPARTMENT OF RECREATION

CAVEN POINT COMPLEX | 1 CHAPEL AVENUE | JERSEY CITY, NJ 07305
P: 201 547 5003 | F: 201 547 4586



STEVEN M. FULOP
MAYOR OF JERSEY CITY

KEVIN WILLIAMSON
DIRECTOR

AQUATICS/POOL REQUEST APPLICATION

Individual/Organization: _____

Address: _____

Contact Person(s): _____ E-Mail Address: _____

Home/Work/Cell Number/Fax Number(s): _____

Address: _____

REQUESTED:

POOL(S): _____

DATES: _____

DAY(S): _____

TIME(S): _____

Purpose of Request: _____

Name of Insurance Company/Policy#: _____
(Must be enclosed)

The Certificate of Insurance must include the following: The above certified coverage is extended as an additional insurance coverage for the City of Jersey City and /or Jersey City Public Schools so long as the liability derived from the use of the facility is under the jurisdiction of the Jersey City Department of Recreation. A minimum of \$2,000,000.00 personal liability Certification of Insurance must be attached to this application. Only Jersey City residents or those people whose primary employment with companies or industries located in Jersey City are eligible to receive facility permits. The undersigned, an officer, or individual, requesting the use of Jersey City's facilities guarantees the observance of all regulations governing the use as listed on the "Policy on use of Recreational Facilities by the Public", Jersey City code, chapter 239, which states that the organization assumes responsibility for any personal injury or property damage which may be caused by such use. Failure to follow policy on use of recreational facilities by the signed party could result in loss of permit.

In addition, a signed waiver may be submitted by the individual(s)/organization stating that neither the City of Jersey City nor the Jersey City Public Schools WILL NOT be held liable for any injury or loss occurred during the period the facility is in use by the signed parties.

In addition to the waiver, all participants of the program under 18 years old MUST have a parents or guardian's permission and written documentation that the participant is in good mental and physical health. The City of Jersey City and Jersey City Board of Education, and its employees are not responsible for your organizations participation in the aquatics/pool program.

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I have read and acknowledge that I will abide by all of the rules and regulations as stated above.

Print Name: _____ Date: _____

Signature: _____

OFFICIAL USE ONLY:

Received

By: _____ Date: _____

Comments: _____

BOTH PAGES MUST BE COMPLETED, SIGNED AND SUBMITTED TO:

**Jersey City Department of Recreation Aquatics/Pool Request
One Chapel Avenue - Caven Point Complex
Jersey City, New Jersey 07305**

NOTE:

THIS IS A **“REQUEST ONLY”** NOT A GUARANTEE THAT YOUR REQUEST IS APPROVED. WE WILL DO OUR BEST TO ACCOMMODATE YOUR GROUP/ORGANIZATION.

PLEASE MAKE A COPY FOR YOUR OWN RECORDS.