

JERSEY CITY RECREATION BOXING

**OPEN TO BOYS AND
GIRLS AGES 6 - 18**

MS #7, 222 LAIDLAW AVENUE

MONDAY THROUGH FRIDAY

4:00PM - 8:00PM

4:00PM - 6:00PM, AGES 6 - 11

6:00PM - 8:00PM, AGES 12 - 18

ONGOING REGISTRATION

**PLEASE BRING BIRTH CERTIFICATE AND PROOF
OF RESIDENCY TO MS #7 222, LAIDLAW AVENUE
SEE LUIS "MOSQUITO" GONZALEZ**



FOR MORE INFORMATION, PLEASE CALL, 201-547-5003 OR VISIT JERSEYCITYNJ.GOV



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



JerseyCityNJ



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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



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.

Name: _____ Male: _____ Female: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

School & Address: _____ Grade: _____ as of September 2015

Medical Conditions: _____

Name of Parent/Guardian: _____

Permission to post pictures: Yes _____ No _____

Person to Notify in Case of Emergency: _____ Relationship: _____

Emergency Contact #: Home: _____ Work: _____

Medical Conditions:

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 Boxing Program. 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: _____



staff use only