ADULT FITNESS CLASS

GRACE CHURCH
2ND STREET AND ERIE STREET

Mondays, 10:45 a.m. - 11:45 a.m.
Beginner Weight and Conditioning Class

PERSHING FIELD VETERAN'S COMMUNITY CENTER
(CENTRAL & MANHATTAN AVENUE)

Tuesdays, 6:00 p.m. - 7:00 p.m.
Advanced Weight and Conditioning Class

Wednesdays, 12:30 p.m. – 1:30 p.m.
Beginner Weight and Conditioning Class

CURRIES WOODS HOUSING COMPLEX
(SENIOR ROOM)
3 NEW HECKMAN DRIVE

Thursdays, 12:00 p.m. – 1:00 p.m.
Beginner Weight and Conditioning Class

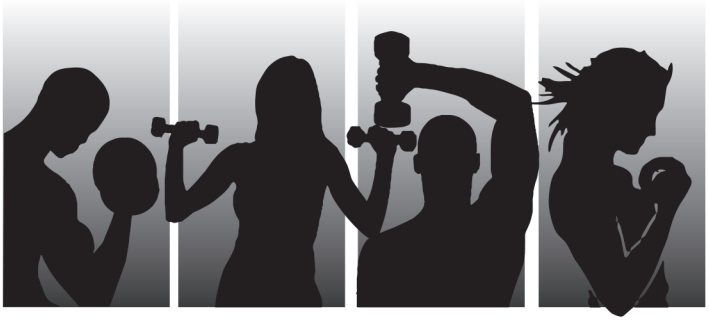
PROPER ATTIRE REQUIRED (EX: EXERCISE CLOTHING AND SNEAKERS)
HELEN CLARK, INSTRUCTOR

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

For more information, contact Helen at 201-920-6649 or visit jerseycitynj.gov.

City of Jersey City Official Government Page
JC_GOV

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



ADULT FITNESS CLASS

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: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ *Email Address:* _____

Home Phone #: _____ *Cell Phone #:* _____

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 Recreation Adult Fitness 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. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.*

Signature: _____ *Date:* _____