



# BASKETBALL SCHOOL

## LOCATION OF PROGRAM / DATES & TIME

**PS # 15 - 135 Stegman Street**

**Begins November 4, 2013**

**Mondays & Wednesdays | 5:00 pm - 7:00 pm**

**Open to Boys & Girls ages 5 - 13**

**Onsite Registration or call 201-547-5003**

**LEARN THE FUNDAMENTALS OF BASKETBALL AND GET IN SHAPE.**



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



For more information, call 201 547 5003  
or visit [jerseycitynj.gov](http://jerseycitynj.gov).

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**MAYOR STEVEN M. FULOP**  
**THE JERSEY CITY DEPT. OF HEALTH & HUMAN SERVICES**  
**AND THE**  
**DEPARTMENT OF RECREATION**



# BASKETBALL SCHOOL

## 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 2013

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 Recreation Basketball School. 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: \_\_\_\_\_