



WOMEN'S 3 ON 3 BASKETBALL

DOUBLE ELIMINATION TOURNAMENT

Wednesday, January 15, 2014 * 6:00 pm - 8:00 pm
Jersey City Armory * 678 Montgomery Street

LOCATION OF REGISTRATION / DATES & TIMES

PS # 40 * 88 Gates Avenue

Mondays & Wednesdays * 6:00 pm - 9:00 pm

Pre-Register by January 10, 2014

OPEN TO WOMEN AGES 18 & UP
TROPHIES AND AWARDS FOR 1ST AND 2ND PLACE WINNERS



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.

 City of Jersey City Official Government Page
JC_GOV





MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
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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: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Medical Conditions: _____

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 3 on 3 Women's Basketball Tournament**. 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.*

Signature: _____ Date: _____