





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



**BEAT THE  
STREETS  
AFTER SCHOOL BASKETBALL PROGRAM**

**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.*

**PLEASE CHOOSE LOCATION: P.S. #3: \_\_\_\_\_ PS #17: \_\_\_\_\_ PS #27: \_\_\_\_\_ PS #39: \_\_\_\_\_ PS #40: \_\_\_\_\_**

**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 "Beat The Streets". 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: \_\_\_\_\_**

