

FIRST TEE OF JERSEY CITY GOLF PROGRAM

LOCATION OF PROGRAM / DATES & TIME

**PS #39
214 PLAINFIELD AVENUE**

**BEGINS TUESDAY, OCTOBER 15, 2013
TUESDAYS & THURSDAYS
5:00 PM - 7:00 PM**

**OPEN TO
BOYS & GIRLS
AGES 7 - 17**

LIMITED ENROLLMENT - FIRST COME FIRST SERVED - 40 PARTICIPANTS ONLY



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](https://twitter.com/JC_GOV)





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



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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: _____ 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 First Tee of Jersey City Golf 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: _____