

FREE

SWIMMING LESSONS 2013 - 2014



program locations

PS #6	100 St. Pauls Avenue	Tuesdays & Thursdays	4pm - 7pm
PS #16	96 Sussex Street	Mondays & Wednesdays	4pm - 7pm
PS #23	143 Romaine Avenue	Tuesdays & Thursdays	4pm - 7pm
PS #27	201 North Street	Mondays & Wednesdays	4pm - 7pm
PS #41	59 Wilkinson Avenue	Mondays & Wednesdays	4pm - 7pm

registration

Begins October 15, 2013

At site during hours of operation

program (dates & times)

Class 1	November 4 - November 26	Class 5	March 3 - March 27
Class 2	December 2 - December 19	Class 6	April 1 - May 1 - *No class: April 14-April 21
Class 3	January 6 - January 30	Class 7	May 5 - May 29
Class 4	February 3 - February 27		

OPEN TO BOYS AND GIRLS AGES 6 - 14

Pre-registration is required - First Come First Served Basis

15 Individuals per class - space is limited

Classes are 1 day per week - 1/2 hour per session

Beginners, 4:00 p.m. - 4:30 p.m. / Advanced, 5:00 p.m. - 5:30 p.m.

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



For further information, please call (201) 547-5003.
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



SWIMMING LESSONS

2013 - 2014

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. By signing this form, the participant, and parent/guardian affirms having read and understood league rules, restrictions, registration, and tryout process.

Name: _____

Permanent Home Address: _____

City, State, Zip: _____

Date of Birth: _____ **Home Telephone #:** _____

School: _____ **Grade:** _____ **AS OF SEPTEMBER 2013**

Address: _____

Name of Parent/Guardian: _____

Person to Notify in Case of Emergency: _____

Emergency Contact #: Home: _____ **Work:** _____

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 FREE SWIMMING LESSONS: 2013-2014. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the regulations set forth by the Department of Recreation.

Parent/Guardian Signature: _____ **Date:** _____