

LEARN TO SWIM SCHEDULE FOR PERSHING FIELD

March 1, 2014 - April 10, 2014



Mondays: March 3rd, 10th, 17th, 24th, 31st & April 7th

TIME SLOT	LEVELS
4:30pm - 5:00pm	LTS-2
5:15pm - 5:45pm	LTS-3
6:00pm - 6:30pm	LTS-1

Tuesdays: March 4th, 11th, 18th, 25th, April 1st & 8th

4:30pm - 5:00pm	PSA-1
5:15pm - 5:45pm	LTS-2
6:00pm - 6:30pm	LTS-ADULTS

Wednesdays: March 5th, 12th, 19th, 26th, April 2nd & 9th

4:30pm - 5:00pm	LTS-1
5:15pm - 5:45pm	LTS-4
6:00pm - 6:30pm	LTS-3

Thursdays: March 6th, 13th, 20th, 27th, April 3rd & 10th

4:30pm - 5:00pm	"Baby & Me"
5:15pm - 5:45pm	LTS-1
6:00pm - 6:30pm	LTS-ADULTS

Saturdays: March 1st, 8th, 15th, 22nd, 29th & April 5th

9:00am - 9:30am	LTS-1 & LTS-3
9:45am - 10:15am	PSA-1 & LTS-2
10:30am - 11:00am	LTS-1 & "Baby & Me"
11:15am - 11:45am	LTS-ADULTS & LTS-4

Sundays: March 2nd, 9th, 16th, 23rd, 30th & April 6th

10:00am - 10:30am	PSA-1 & LTS-ADULTS
10:45am - 11:15am	LTS-1 & "Baby & Me"
11:30am - 12:00pm	LTS-2 & LTS-1

"Baby & Me" Ages: 6 months to 3 years
PSA Ages: 4
Levels 1 - 4 Ages: 5 - 17
Adults Ages 18 & Over

REGISTRATION:

Pershing Field Pool
 February 10th - February 14th
 Monday - Friday, 4pm - 7pm

Fee is \$10.00, check or money order payable to Jersey City Recreation/Swim Lessons

- **No Make-Up Classes**
- **Maximum 12 participants per level**
- **Birth Certification and Proof of Residence Required**
- **Upon Registration Participants will be Tested for Level Placement**



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.

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MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
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. 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 2014**

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 LEARN TO SWIM SCHEDULE FOR PERSHING FIELD. 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:** _____