



JERSEY CITY DEPARTMENT OF RECREATION
DISCOVER
SCUBA

In conjunction with HOBOKEN DIVE CENTER

PERSHING FIELD POOL
201 CENTRAL AVENUE

Begins: November 12, 2014 | Ends December 18, 2014
6:30pm - 8:30pm

Wednesdays: Youth, ages 11 - 17 | Thursdays: Adults, ages 18 & up

REGISTRATION

Starts October 7, 2014

Ongoing Registration - FIRST COME FIRST SERVE

1 DAY COURSE (2 HOURS)
MUST BRING PROOF OF RESIDENCY
****MUST KNOW HOW TO SWIM**

FEE REQUIRED: \$10.00 - RESIDENTS / \$50.00 - NON-RESIDENTS
***Money Orders ONLY: Payable to Jersey City Recreation/ Scuba**



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

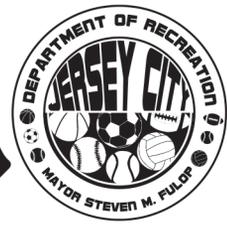


**For more information, call 201 547 6886
or visit jerseycitynj.gov.**





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 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: _____

Medical Conditions: _____

Permission to post pictures: Yes _____ No _____

Person to Notify in Case of Emergency: _____ Phone #: _____

*Name of Parent/Guardian: _____

*As determined by my physician, the participant / 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 Department of Recreation **Discover Scuba**. 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. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.*

Signature: _____ Date: _____

*Parent/Guardian: _____ Date: _____