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

2014 SPRING SOCCER PROGRAM

Registration

Registration Dates: During the month of March at MS #7 (222 Laidlaw Avenue)

WEDNESDAYS: 5,12, 19, 26	START: 6PM TO 9PM
THURSDAYS: 6, 13, 20, 27	START: 6PM TO 9PM
FRIDAYS: 7, 14, 21, 28	START: 6PM TO 9PM

Registration Dates: During the month of April at Martucci Field (Westside & Pavonia Avenues)

MONDAYS: 7, 14, 21, 28	START: 6PM TO 9PM
WEDNESDAYS: 9, 16, 23, 30	START: 6PM TO 9PM
THURSDAYS: 10, 17, 24	START: 6PM TO 9PM
FRIDAYS: 11,18, 25	START: 6PM TO 9PM
SATURDAYS: 5, 12, 19, 26	START: 9AM TO 3PM

Registration Fee: $15.00 (check or money order ONLY, NO CASH) ** Made payable to JERSEY CITY RECREATION

Requirements for new players: Birth Certificate, 1 passport size picture and proof of residency.
Parent or guardian needs to be present with player at Registration.

Requirements for current players: None. Only need to fill out the application plus $15.00 fee.

Ages: Boys and girls age 4 - 14 years old (as of January 1, 2014)

Please note: 200 players ONLY (for all levels)

Practice Location: Martucci Field (West Side Ave. & Pavonia Ave.)

LEVEL 1 PRACTICE DATES 4 & 5 years old	MONDAY, 6:00pm - 8:00pm
LEVEL 2 PRACTICE DATES 6 & 7 years old	WEDNESDAY, 6:00pm - 8:00pm
LEVEL 3 PRACTICE DATES 8, 9 & 10 years old	THURSDAYS, 6:00pm - 9:00pm
LEVEL 4 PRACTICE DATES	FRIDAYS, 6:00pm - 9:00pm

For more info,please call Edgar Bautista, 201-218-0578.

Visit jerseycitynj.gov, email jcrecreationsoccer@jcnj.org or visit facebook page: jc youngteams

CITY OF JERSEY CITY OFFICIAL GOVERNMENT PAGE JC_GOV

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SPRING 2014 SOCCER REGISTRATION

Date: _____

Last Name: _____ **First Name:** _____

Date of Birth: _____ **Age:** _____ Sex: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

TELEPHONE NUMBERS: Home: _____ **Cell:** _____

Email: _____@_____

Alternate Email: _____@_____

AUTHORIZATION:

1. I authorize my child to participate with the City of Jersey City Soccer Program.
2. I also certify that my child is in good condition and has no ailments which would impede him/her to participate in Soccer activities.

PLEASE CIRCLE:

a. I give permission to have my child's picture posted on the jerseycitynj.gov website.

b. I do not give permission to have my child's picture posted on the jerseycitynj.gov website.

REGISTRATION FEE: $15.00 (check or money order ONLY, NO CASH)
** Made payable to JERSEY CITY RECREATION

PLEASE CIRCLE ONE:

T-SHIRT: Small Child Medium Child Large Child Small Adult
Medium Adult Large Adult X-Large Adult

Print Name: _____ **Signature:** _____
Parent or Guardian Parent or Guardian

Date: _____

FOR OFFICE USE ONLY:

Group/Age: _____ **Photos:** _____ **Birth Certificate:** _____

New Player: _____ **Return:** _____

Paid by check: ☐ **Money Order:** ☐

Receipt Number: _____ **Received by:** _____