



MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL AND
THE DEPARTMENT OF RECREATION
IN CONJUNCTION WITH
HUDSON COUNTY VOLLEYBALL ACADEMY
PRESENT



V **LLEYPBALL**

Program Location, Dates & Time

P.S. # 28 - 167 Hancock Avenue

November 20, 2013 - May 23, 2014

Monday, Wednesday & Friday | 6pm - 9pm

ages 9 - 12, 6pm - 7pm

ages 13 - 18, 7pm - 9pm

Registration

Call to register, 201-547-5003 or
Mail completed participation form to:

Jersey City Recreation - Youth Volleyball

1 Chapel Avenue

Jersey City, New Jersey 07305



For more information, call 201-547-5003 or visit jerseycitynj.gov.



City of Jersey City Official Government Page



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VOLLEYBALL
GIRLS YOUTH

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 Jersey City Recreation Girls Youth Volleyball Academy. 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: _____