LEARN TO SWIM

October 6, 2015 through November 29, 2015

***Learn to Swim, Baby and Me and Adults: 10 participants per class**
****Special Needs: 8 participants per class**
*****PSA: 10 participants per class**

Registration: Lottery will take place for registration. Please drop off registration forms, copy of birth certificate and copy of proof of residency. Forms will be collected at Pershing Field Pool and Caven Point between September 26 and October 1. Swim test will be available at Pershing Field Pool (September 26, 27, 28, 29, 30 from 3pm to 6pm) Incomplete applications will not be accepted.

FEE: $20 Money Order (Adults Only) will be required if you are assigned a class.
Children will be FREE

Tuesdays: Oct. 6th, 13th, 20th, 27th - Nov. 3rd, 10th, 17th, 24th

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

Wednesdays: Oct. 7th, 14th, 21st, 28th - Nov. 4th, 11th, 18th, 25th

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

Thursdays: Oct. 8th, 15th, 22nd, 29th - Nov. 5th, 12th, 19th - *Dec 3rd

4:30pm - 5:00pm	Baby & Me 1	5:30pm - 6:00pm	LTS-3
5:00pm - 5:30pm	Baby & Me 2	6:00pm - 6:30pm	ADULTS-1

Saturdays: Oct. 10th, 17th, 24th, 31st - Nov. 7th, 14th, 21st, 28th

9:00am - 9:30am	Special Needs	10:30am - 11:00am	LTS-1 & LTS-2
9:30am - 10:00am	PSA-1, Baby & Me 1	11:00am - 11:30am	PSA-2, LTS-3
10:00am - 10:30am	LTS-4, Baby & Me 2	11:30am - 12:00pm	ADULTS-1, PSA-1

Sundays: Oct. 11th, 18th, 25th - Nov. 1st, 8th, 15th, 22nd, 29th

9:00am - 9:30am	LTS-1, LTS-3	10:30am - 11:00am	LTS-1, Baby & Me 2
9:30am - 10:00am	ADULTS-1, PSA-2	11:00am - 11:30am	PSA-1, ADULTS- 2
10:00am - 10:30am	LTS-5, Baby & Me 1	11:30am - 12:00pm	LTS-1, LTS-2

FOR MORE INFORMATION, PLEASE CALL AT 201 547 5003.

American Red Cross

PRESENTED BY: MAYOR STEVEN M. FULOP, THE JERSEY CITY MUNICIPAL COUNCIL, JERSEY CITY PUBLIC SCHOOLS, DEPARTMENT OF RECREATION AND AMERICAN RED CROSS

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

LEARN TO SWIM

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.

Please specify class type, day and time desired:

*First Choice: Class type*_____ *Day* _____ *Time*_____

*Second Choice: Class type*_____ *Day*_____ *Time*_____

*Name:*_____ *Male:*____ *Female:*____

*Address:*_____

*City, State, Zip:*_____

*Date of Birth:*_____ *Age:*_____ *Email Address:*_____

*Home Phone #:*_____ *Cell Phone #:*_____

*School & Address:*_____ *Grade:*____ *as of September 2015*

*Medical Conditions:*_____

*Name of Parent/Guardian:*_____

Permission to post pictures: *Yes*_____ *No*_____

*Person to Notify in Case of Emergency:*_____ *Relationship:*_____

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

Medical Conditions:

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 Department of Recreation Learn to Swim program.*** *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:*_____

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