



Steven M. Fulop
Mayor of Jersey City

CITY OF JERSEY CITY
DEPARTMENT OF RECREATION
CAVENPOINT COMPLEX
1 CHAPEL AVENUE, JERSEY CITY, NEW JERSEY 07305
P: 201-547-5003



Arthur Williams
Director

AQUATICS/POOL REQUEST APPLICATION

Individual/Organization: _____

Address: _____

Contact Person: _____ Email: _____

Home/Work/Cell Number/Fax Number(s): _____

Requested:

Field(s): _____

Date(s): _____

Day(s): _____

Time(s): _____

Purpose of Request: _____

Name of Insurance Company/Policy #: _____

**Must be enclosed Copy of Policy*

The Certificate of Insurance must include the following: The above certified coverage is extended as an additional insurance coverage for the City of Jersey City, Jersey City Public School and/or The State of New Jersey so long as the liability derived from the use of the facility is under the jurisdiction of the Jersey City of Department of Recreation. A minimum of \$2,000,000.00 personal liability Certification of Insurance must be attached to this application. The undersigned, an officer, or individual, requesting the use of Jersey City's Facilities guarantees the observance of all regulations governing the use as listed on the " Policy on use of Recreational Facilities by the Public", Jersey City Code, chapter 239, which states that the organization assumes responsibility for any personal injury or property damage which may be caused by such use. Failure to follow policy on use of recreational facilities by the signed party could result in loss of permit. You may be required to pay a fee for clean-up costs and/or security personnel should your event consist of fifty (50) or more participants.

In addition, a signed waiver may be submitted by the individual(s)/ organization stating that the City of Jersey City, Jersey City Public Schools and/or the State of New Jersey WILL NOT be held liable for any injury or loss occurred during the period the facility is in use by the signed parties.

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In addition to the waiver, all participants of the program under 18 years of age MUST have parent or guardian's permission and written documentation that the participants is in good metal and physical health. The City of Jersey City, Jersey City Public Schools and/or The State of New Jersey, and its employees are NOT responsible for the participation of your organization.

I have read and acknowledge that I will abide by all of the rules and regulations as stated above.

Print Name: _____ Date: _____

Signature: _____

OFICIAL USE ONLY:
Received By: _____ Date: _____
Comments: _____

BOTH PAGES MUST BE COMPLETED, SIGNED AND SUMMITTED TO:
Jersey City Department of Recreation/Pool Request
One Chapel Avenue- Caven Point Complex
Jersey City, New Jersey 07305

NOTE: This is a "REQUEST ONLY" not a guarantee that your request is approved. We will do our best to accommodate your group/organization.

Please make a copy for your own records.

Revised: July 2018