



Jets

2019 Jersey City Jets Football

Application

February 25, 2019 - July 21, 2019



Requirements To Register

Completed Application

Proof of Address

Doctors Physical

Copy of Birth Certificate

Report Card

Registration

<https://jcrec.recdesk.com/>

Jersey

Caven Point Complex, 1 Chapel Ave

Pershing Field Pool

201 Central Ave.

Divisions

Junior Pee Wee

6 - 8

Pee Wee

9 - 10

Junior Varsity

11 - 12

Varsity

13 - 15

(can not turn 15 before Sept. 1, 2019)

Tryouts: July 22 - 25, 2019

NOT A SCHOOL DISTRICT SPONSORED PROGRAM



THE CITY OF JERSEY CITY
MAYOR STEVEN M. FULOP
THE MUNICIPAL COUNCIL
THE DEPARTMENT OF RECREATION
ARTHUR J. WILLIAMS, DIRECTOR



JerseyCityNJ
JC_COV
jerseycitynj



Paperwork Received by: (print) _____ Signature: _____

Birth Certificate: Yes ___ No ___

Proof of Address: Yes ___ No ___

Payment (If Applicable) Yes ___ No X

Date: _____

Check/MO: _____ N/A _____

Amount Paid: _____ N/A _____

Please include with this form (if applicable to program):

1. COPY OF BIRTH or BAPTISMAL CERTIFICATE;
2. PROOF OF RESIDENCY (PSE&G, CABLE OR PHONE BILL- Must be current) Note: Driver's Licenses or residential leases are not acceptable as proof of residence.

To my knowledge, all information on this form is true and accurate. I understand that any incomplete information will delay the processing of my application regardless of when it is received by the City of Jersey City and the Jersey City Department of Recreation's staff. 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 Jersey City Department of Recreation. I also agree to hold harmless the City of Jersey City, The Jersey City Department. I also agree to hold harmless the City of Jersey City, The Jersey City Department of Recreation and its employees and class instructors. By signing this waiver I hereby agree that my child has permission to be transported by JC Recreation to any field trip, practice, game or event.

Parent/Guardian (PLEASE PRINT NAME CLEARLY) _____

Parent/ Guardian (SIGNATURE) _____ Date: _____

EMERGENCY CONTACT INFORMATION

The information provided on this form will remain confidential and be used only to contact specified individual(s) of an emergency (i.e. serious illness, injury, or incident).

If this information changes, please submit a new form to jzayas@jcnj.org or send a paper copy to Department of Recreation.

EMERGENCY CONTACT INFORMATION (List in the order to be contacted)	
1st Emergency Contact	
Name:	Relationship:
Home Phone #:	Cell Phone #:
Address:	City, State, Zip:
2nd Emergency Contact	
Name:	Relationship:
Home Phone #:	Cell Phone #:
Address:	City, State, Zip:
3rd Emergency Contact	
Name:	Relationship:
Home Phone #:	Cell Phone #:
Address:	City, State, Zip:

FOR OFFICE USE ONLY

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 programs offered by The City of Jersey City-Department of Recreation. 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 Jersey City Department of Recreation's employees and class instructors.

Parents/Guardian Name: _____ Date: _____
(Please Print)

Parents/Guardian Signature: _____ Date: _____

Head of Household: Male Female

How Many People Live in Your Household: _____

Household Income:

Is your child eligible for free or reduced lunch? Yes _____ No _____

PLEASE CIRCLE ONE OF THE ABOVE

Ethnic Background: Hispanic or Latino Yes No Please indicate the following:

- White Asian Asian and White Asian and Pacific Islander American Indian / Alaskan Native
- Black / African American Black / African American and White Native Hawaiian / Other Pacific Islander
- American Indian / Alaskan Native and White American Indian / Alaskan Native and Black
- Other / Multi-racial

READ CAREFULLY- SIGN AND DATE To my knowledge, all information on this form is true and accurate. I understand that any incomplete information will delay the processing of my application regardless of when it is received by the City of Jersey City and the Jersey City Department of Recreation's staff. 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 Jersey City Department of Recreation. I also agree to hold harmless the City of Jersey City, The Jersey City Department. I also agree to hold harmless the City of Jersey City, The Jersey City Department of Recreation and its employees and class instructors. By signing this waiver I hereby agree that my child has permission to be transported by JC Recreation to any field trip, practice, game or event.

Parent/ Guardian (PLEASE PRINT NAME CLEARLY) _____

Parent/ Guardian (SIGNATURE) _____ Date: _____

READ CAREFULLY- SIGN AND DATE



STEVEN M. FULOP
MAYOR OF JERSEY CITY

CITY OF JERSEY CITY
DEPARTMENT OF RECREATION



Arthur J. Williams
DIRECTOR

2019 PARTICIPATION FORM

Name of Activity: RecNation Tackle Football Location: _____

Grammar School Division (Ages 7 to 14): _____ High School Division (Ages 14 to 18): N/A

*Each section of this form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

Applicant's Name (First, Last): _____ Date of Birth: ___/___/___

Age: _____ School: _____ Grade: _____ Male () Female ()

Address, Apartment/ Floor: _____

City: _____ State: _____ Zip Code: _____ Cell Phone Carrier: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail address: _____ Ward: _____
(APPLICATION CONSIDERED INCOMPLETE IF NO EMAIL IS SUBMITTED)

Permission to post pictures: Yes _____ No _____ Shirt Size (If Applicable): _____
(Please Specify Youth or Adult and Size)

Emergency Contact: _____ Phone Number: _____

Medical Conditions/Allergies: _____

Parents/Guardian Name: _____ Soc. Sec # (Last 4 Digits Only): _____
(Please Print)