



STEVEN M. FULOP  
MAYOR OF JERSEY CITY

CITY OF JERSEY CITY  
DEPARTMENT OF RECREATION

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KEVIN WILLIAMSON  
DIRECTOR

**MAYOR STEVEN M. FULOP**  
**THE JERSEY CITY MUNICIPAL COUNCIL**  
**&**  
**THE DEPARTMENT OF RECREATION**

**Permission to Participate**

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. As determined by my physician, I believe my child is in good physical condition and I as the parent of the above named child am not aware of any present or previous disease or injury that would result in being impaired during participation with the Jersey City Department of Recreation activity program designated above. I empower the staff to exercise reasonable care in the event of an emergency. I also give permission for my child to attend field trips and partake in photos/videos for recreational purpose only. 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 of Recreation and its employees and class instructors.