



City of Biloxi Parks & Recreation Aquatics Registration Form

Activity

- IPAP
- LEVEL I/II
- LEVEL III/IV
- Adult (Beg./Intermediate)
- Lifeguard
- Red Tide
- BEST
- Other

Parks & Recreation Department

Email aquatics@biloxi.ms.us • Visit us online at biloxi.ms.us • • Sign up for Bmail at biloxi.ms.us • For B-Alerts, text BILOXI to 888777

Player's Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____
Month / Day / Year

Parent's Name (Mother): _____

Email Address: _____ Phone Number: _____

Parent's Name (Father): _____

Email Address: _____ Phone Number: _____

Physician's Name/Hospital: _____ Phone Number: _____

Restrictions/Medications: _____

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In consideration of the privilege of participating in the sport(s) programs organized by the Biloxi Parks & Recreation Department, I hereby consent to the administration of emergency treatment in the event of injury to the above named youth and agree to indemnify the City of Biloxi for medical expenses so incurred. I further agree to accept financial responsibility or other professional medical treatment rendered on behalf of the above named youth.

Signature/Parent or Guardian: _____ Date: _____

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Photographic Likeness Consent: By signing below I give the City of Biloxi permission to use my and/or my child's photographic likeness, in promotional publications, educational publications, display and in other media. I grant permission to the City of Biloxi to use, reproduce, distribute and/or publicize my and/or my child's photographic likeness taken by the City of Biloxi. Publication, use and distribution of my and/or my child's photographic likeness may be by any means and without limit. Publication or use may occur in any media, including newspapers, magazines, books, Internet, web pages and educational material. I acknowledge that I understand that the City of Biloxi intends to use my and/or my child's photographic likeness for educational and promotional purposes. This agreement is binding on successors, assigns and/or heirs.

Please Print Name: _____

Signature: _____ Date: _____

Signature/Parent or Guardian: _____ Date: _____

Office Use Only:

Payment: Cash Check Money Order

Received by: _____

FIRST, LEAGUE COPY • SECOND, PARKS & RECREATION DEPARTMENT COPY
THIRD, APPLICANT'S COPY

Birth Certificate verified by: _____