

Please return consent form & registration form to:

**ATTN: Shelby Wescovich**  
**Biloxi Fire Department**  
**170 Porter Ave.**  
**Biloxi, MS. 39530**



**Registration must be received no later than May 1, 2020 at 4 p.m.**

For more information, contact Shelby Wescovich at 228-435-6200.

**2020 BEGINNER Fire Academy for Kids June 1-5, 2020 (8 a.m. to noon)**

**Held at West End Hose Company #3 Fire Museum**

**1046 Howard Ave.**

**\*\*Open to Boys and Girls Ages 7-12**

Cadet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cadet's Age: \_\_\_\_\_ Cadet's Birth Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ or \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact Phone Number(s) \_\_\_\_\_

Does the Cadet have any food or drug allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, List Allergies: \_\_\_\_\_

Does the Cadet have any medical, physical conditions or special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please List: \_\_\_\_\_

T-Shirt Size: YS YM YL YXL AS AM AL AXL

A completed application must be on file and notification of acceptance must be received before attending. An official from the Biloxi Fire Department will notify you by phone of your acceptance.

After 40 cadets have been accepted, others will go on a waiting list in order of receipt. Any vacancies will be filled from that list.

Before completing applications, please make sure you can attend if accepted.

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**2020 BEGINNER FIRE ACADEMY FOR KIDS**  
**PARENT / GUARDIAN CONSENT FORM**

I/We certify with full knowledge and consent that my/our child, (child's full name) \_\_\_\_\_, whose birthday is \_\_\_\_\_ may participate in the Biloxi Fire Department's Fire Academy for Kids on June 1-5, 2020. While I/we expect the fire department and camp staff to exercise reasonable precautions to avoid injury, I/we do understand that neither the City of Biloxi, the Biloxi Fire Department, nor its employees are responsible for injuries sustained to my/our child as a result of his/her participation in any of the activities of this academy. I/We agree that he or she may participate in such activities under these conditions.

While I/we expect the Biloxi Fire Department and camp staff to exercise reasonable precautions, I/we understand that my/our child's image may be used on one of the City of Biloxi's Facebook pages, website, and other media outlets and/or may be used by local media.

May be pictured/videoed \_\_\_\_\_ (Please initial)

May **NOT** be pictured/videoed \_\_\_\_\_ (Please initial)

Parent's Day Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent consent form must be filled out and signed in order for child to participate in Fire Academy for Kids Camp.