Please return consent form & registration form to:

ATTN: Denise Shell Biloxi Fire Department 170 Porter Ave. Biloxi, MS. 39530



Registration must be received no later than 5/10/23 at 4:00 pm.

For more information, contact Denise Shell at 228-435-6209 or dshell@biloxi.ms.us

2023 FIRE ACADEMY FOR KIDS VOLUNTEER CONSENT FORM

I certify with full knowledge and consent that,	
(print full name)	_, will participate
in the Biloxi Fire Department's Fire Academy for Kids. Thursday will be a wa	iter day depending
on the weather. While I expect the fire department and camp staff to exercise	e reasonable
precautions to avoid injury, I do understand that neither the City of Biloxi, the	e Biloxi Fire
Department, nor its employees are responsible for injuries sustained as a re	sult of
participation in any of the activities of this academy. I understand that the Cit	ty of Biloxi is not
liable for any illness that may be contracted while attending this academy (in	cluding Covid-19)
I agree to not participate if exhibiting symptoms such as fever, cough, sore t	hroat, etc. While I
expect the Biloxi Fire Department and camp staff to exercise reasonable pre	cautions, I
understand that images may be used on the City of Biloxi's Facebook page,	website, or other
media outlets and/or may be used by local media.	
Guardian Day Phone: Alternate Phone:	
Emergency Contact Name(s):	
Emergency Contact Number(s):	
Print Name of Guardian(if minor):	
T-Shirt Size: YM/ YL/YXL/AS/AM/AL/AXL/	_AXXL/AXXXL
Willing to volunteer:June 5-8 orJune 12-15 orBo	oth weeks
Signature of Volunteer/Guardian:	

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

Academy for Kids Camp.