

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 5/10/24 at 4:00 pm.**

For more information, contact Denise Shell at 228-435-6209 or [dshell@biloxi.ms.us](mailto:dshell@biloxi.ms.us)

**2024 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. Friday will be a water day depending on the weather. While I expect the fire department and camp staff to exercise reasonable precautions to avoid injury, I do understand that neither the City of Biloxi, the Biloxi Fire Department, nor its employees are responsible for injuries sustained as a result of participation in any of the activities of this academy. I understand that the City of Biloxi is not liable for any illness that may be contracted while attending this academy (including Covid-19). I agree to not participate if exhibiting symptoms such as fever, cough, sore throat, etc. While I expect the Biloxi Fire Department and camp staff to exercise reasonable precautions, 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 10-14 or \_\_\_ June 17-21 or \_\_\_ Both weeks

Signature of Volunteer/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

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