



City of Biloxi

Summer Playground & Enrichment Program 2026

Registration and Enrollment Agreement

Please Print & Fill out Completely

Child's Full Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

*Parent's Cell # _____ *SS# _____ Age _____

Male _____ Female _____ School Attended: _____

*Parent's Email: _____

For and in consideration of the services provided by the City of Biloxi Summer Playground & Enrichment Program (herein after called "City") the undersigned parent (s) (hereinafter called "Parents") consent to the enrollment of their child as listed below and agrees to observe the policies and regulations of the City. The City likewise agrees to the enrollment of the above listed child subject to the terms and conditions of this agreement and the **Parent's Handbook** issued at the time of registration.

Father's Name & Employer

Name _____
 Home Address _____
 Employer _____
 Address _____
 Home# _____ Work# _____

Mother's Name & Employer

Name _____
 Home Address _____
 Employer _____
 Address _____
 Home# _____ Work# _____

Emergency Contact Persons: Must have two (Mandatory by State Dept.)

Name _____
 Address _____
 Home# _____ Work# _____
 Relationship to the Child _____

Name _____
 Address _____
 Home# _____ Work# _____
 Relationship to the Child _____

Child Pick-Up Authorization

The persons listed below are empowered by the parents or guardians to pick up and drop off the child named on this application. No child will be released without picture identification provided. Please call the campsite or provide written notification when someone other than the parent or guardian will be picking up the child.

Name _____ Address _____ Phone# _____ Work# _____

Name _____ Address _____ Phone# _____ Work# _____

Name _____ Address _____ Phone# _____ Work# _____

Additional Pick- Up on the back

Health and Insurance Information

In case of an emergency, accident, or sudden illness and in the event that Parents or alternate contact person cannot be reached immediately at the telephone number(s) listed herein, parent hereby give permission to the City to contact Dr. _____ or take the child to _____ Hospital for emergency medical treatment provided, however, that in no case shall the City or any of it subdivisions, agents, or employees are liable with regard to the choice of a health care provider or the nature of the services which are provided by the health care provider or the quality of those services. Parents understand and acknowledge that they are solely responsible for all medical fees. Parents' insurance company is _____ and the policy/group number is _____. If the child is not insured with this company, please list the child's insurance company and policy/group number _____. Please list any health problems the child may have. Include medications, allergies, etc.

I understand that I shall be notified if a health problem occurs. However, if neither parent nor alternative person can be reached by telephone, I hereby grant permission for each medical treatment, including surgery, to be performed if deemed necessary by the attending physician listed above.

Parents consent to the child listed herein taking part in the planned field trips accompanied by one of the program instructors. Parents acknowledge that a list of such field trips has been provided by the City and that it is the responsibility of the Parents to inquire into the nature of the field trips and that the City and all entities with it may rely upon the permission granted in the absence of a revocation of such permission. Any revocation of permission must be given in advance of any field trip. Parent Initial _____

Lunch and Breakfast Programs

The Biloxi School System and Harrison County School District provides lunch for those participating in the Summer Playground Program. My child will _____ or will not _____ participate in the lunch program.

Parent Handbook

- Parents hereby acknowledge that they received a copy of **Parent's Handbook** which includes a copy of the Child Summary Regulation and Summer Playground discipline plan and fully understand the consequences for the child listed herein. Yes _____ No _____

Swimming

- My child can _____ or can not swim _____. In accordance with the rules and regulation as listed in the **Parent's Handbook**, floaters must be provided for all children who are non-swimmers or those who are not taller than 3 ½ feet.

Photo Release

- Parents of Summer Playground Program attendances hereby give permission for the City of Biloxi Parks and Recreation Department to take pictures of the herein listed child for publicity purposes only without obtaining compensation. Yes _____ No _____

Water Park

- Parents of Summer Playground Program attendees **MUST** complete the **mandatory** online wavier form for the herein listed child to attend the Gulf Island Water Park.

Cell Phone

- I acknowledge and agree to the Summer Playground Program policy that prohibits participants from bringing or using cell phones during program hours. Parent Initial _____

RELEASE OF LIABILITY

I (we) have read and completed this Registration Form and Enrollment Agreement to the best of our knowledge and information and hereby agree to all the terms and conditions contained herein and the **Parent's Handbook** provided at the time of registration. Further, the undersigned being adult(s) and competent in all respects, do hereby release, acquit, indemnify, save harmless, and forever discharge the CITY OF BILOXI, MISSISSIPPI, a Municipal Corporation, and any and all persons, forms, subsidiaries, partnerships, successors or predecessor corporations, association, insurers, servants, employees, agents or other legal person and entities having liability in the premises, either directly, indirectly, vicariously, or by way of indemnification, of and from all claims, actions, causes of action, demands, damages, injuries and all other legal recourse that the undersigned may now have or hereafter acquire because of, related to or growing out of, or in any way connected with the City of Biloxi Summer Playground & Enrichment Program.

Signature of Parent/Guardian

Date

Additional Pick-Up Authorization

Name _____ Address _____ Phone# _____ Work# _____

Name _____ Address _____ Phone# _____ Work# _____

Name _____ Address _____ Phone# _____ Work# _____

Name _____ Address _____ Phone# _____ Work# _____

Name _____ Address _____ Phone# _____ Work# _____