



AQUATIC REGISTRATION FORM

ACTIVITY

IPAP _____
 LEVEL I/II _____
 LEVEL III/IV _____
 ADULT (Beg/Intermediate) _____
 LIFEGUARD _____
 RED TIDE _____
 OTHER _____

Department of Parks & Recreation
 www.biloxi.ms.us/parksrecreationdepartment

PLAYERS NAME			ADDRESS			SCHOOL	GRADE
LAST	FIRST	MI	NUMBER	STREET	ZIP		

DATE OF BIRTH	AGE	SEX	PARENTS' NAME		HOME PH. #	WORK PH. #
/ / MTH. DAY YR.			FATHER			
			MOTHER			

PHYSICIANS' NAME	PHONE #	HOSPITAL	RESTRICTIONS/MEDICATIONS

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 for ambulance service or other professional medical treatment rendered on behalf of the above named youth.

Parent or Guardian: _____ Date: _____

PHOTOGRAPHIC LIKENESS CONSENT

Please Print Name: _____

By signing below I give the City of Biloxi Parks & Recreation Department 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 Parks & Recreation Department to use, reproduce, distribute and/or publicize my and/or my child's photographic likeness taken by the City of Biloxi Parks & Recreation Department. 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 Parks & Recreation Department 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.

Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(Parent's signature is required for those under age 18; guardian's signature is required for any minor for whom a guardian is appointed.)

OFFICE USE ONLY

Payment: cash _____ check _____ money order _____ Received by: _____