

Email Address: _____

SPORT



**SPORTS
REGISTRATION FORM**

- BASEBALL _____
- SOFTBALL _____
- FOOTBALL _____
- CHEERLEADER _____
- BASKETBALL _____
- SOCCER _____
- OTHER _____
- SWIMMING _____

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

PLAYERS NAME			ADDRESS			SCHOOL	GRADE	
LAST	FIRST	MI	NUMBER	STREET	ZIP			
DATE OF BIRTH		BIRTH CERTIFICATE VERIFIED BY	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

League age _____ Team last year _____ Team this year _____

Coach _____

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