



Vicksburg Police Department
820 Veto Street | Vicksburg, MS 39180

Summer Youth Program – Streetball 2025

Contact Personnel: Danielle Williams 601.801.5311 (O) 601.218.1766 (C)
Katina Cooper 601.801.5320

Please fill out ONE application per child *Ages 6 – 18 years of age
\$25.00 per child; each additional child \$10.00 (non-refundable)

I. REGISTRATION INFORMATION

Please complete the information set forth below for registration of your child in our Summer Youth Program. Child must be between the ages of 6 – 18 years of age to attend the program. (AGE STRICTLY ENFORCED).

Verification of age may be required.

Student's Name _____ DOB _____ AGE _____ SEX _____

Address _____ Grade _____ Phone Number _____

***How will your child get to Streetball every day?** _____

If walking (parent) sign here _____

II. PARENT/GUARDIAN INFORMATION

Parent's Name _____ Place of Employment _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

III. RELEASE, CONSENT, AND PERMISSION

I hereby give my permission for my child to participate in the Vicksburg Police Department's Summer Youth Program realizing that such physical activity involves the potential for injury which is inherent to all sports. I acknowledge that even with the best coaching and other means designed to protect my child, injuries are still a possibility. On rare occasions, these injuries can be severe. I agree to hold the City of Vicksburg, its governing Board of Mayor and Alderman, their assigns, employees and the Vicksburg Police Department harmless in all matters related to my child's participation in the Vicksburg Police Department's Summer Youth Program. I understand that this program is voluntary. ALL CHILDREN ARE REQUIRED TO HAVE THEIR OWN MEDICAL INSURANCE.

Name of Healthcare Provider _____ Policy Number _____

If there is a health problem, I am encouraged to seek the advice of a medical doctor prior to my child's participation in the Summer Youth Program.

_____ I certify that my child is in good health and to my knowledge he/she has no health problems that would prevent his/her participation in the program.

_____ My child has the following medical conditions listed below, but they do not prevent him/her from participating in the program.

IV. PERMISSION TO VIDEOTAPE

I consent to the City of Vicksburg videotaping my child's participation in the Vicksburg Police Department's Summer Youth Program and airing the video. If the City of Vicksburg airs the videotape, it shall be aired on VTV which is the television channel for the City of Vicksburg. The City shall not receive any monetary benefit for airing the program and the participant shall not be entitled to any monetary sum from the City of Vicksburg, its employees or the Vicksburg Police Department for said airing. The City shall not be responsible if someone else obtains or records the event and uses said recording without parental consent. The City of Vicksburg shall not be required to show the videotaping, nor shall the City of Vicksburg, its assignees, employees, or Vicksburg Police Department be liable to the child, parent or guardian if the tape is not shown on VTV. All information obtained regarding your child shall be confidential and will be released only upon the written consent of the parents or legal guardian. I certify that I have this day read all the above information and consent to the terms and conditions as set forth.

Parent/Legal Guardian Signature

Date