



Education Department Programs Group Registration Form

For office use only:
 Date: _____
 ___ Public ___ Private
 Referral: _____

Program TROOP/GROUP is registering for: *(check one)*

- Cub Scout Science Academic Pin & Belt Loop *(maximum 18 kids, 24 total)*
- Brownie Science in Action Try-it! *(maximum 18 kids, 24 total)*
- Junior Water Wonders Badge *(maximum 15 kids, 20 total)*

Troop/Group Leader Name: _____ Troop #: _____

Address: _____ Phone #1: _____

City: _____ State: _____ Zip: _____ Phone #2: _____

Email: _____ Fax#: _____

Program date:

- My group will participate in a program that is already scheduled

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

- I am requesting a private date for my group

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

*(*Private dates available with 2 weeks prior notice and minimum number of participants (12 for Cub Scout and Brownie programs, 10 for Junior programs.)*

Group Payment Form				
Check ✓	Program of Registration	Program Cost (Tax not included)	# of Participants	Total Cost
	Cub Scout Science Academic Pin & Belt Loop	\$24.95 per participant		
	Brownie Science in Action Try-it!	\$24.95 per participant		
	Junior Water Wonders Badge	\$24.95 per participant		
			Total Amount Due	

Payment for this program will made by: *(check one)*

- Cash
- Check/Money Order
- Credit Card *(please fill out the information below)*

Credit Card Information:

Name on credit card: _____ Amount of charge: \$ _____

Type of credit card: Visa Master Card Amex Discover

Credit Card #: _____ Exp. Date: ____/____/____

I hereby authorize the use of my credit card by Downtown Aquarium to register participants for one or more of their educational programs for the amount above.

Signature of card holder: _____ Date ____/____/____

Program Participant List

Name	Age	Names	Age
1.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	13.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
2.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	14.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
3.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	15.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
4.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	16.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
5.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	17.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
6.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	18.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
7.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	19.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
8.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	20.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
9.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	21.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
10.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	22.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
11.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	23.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:
12.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:	24.	<input type="checkbox"/> Adult <input type="checkbox"/> Child – age:



Education Department Programs
Scout Registration Form
Individual Participant

For office use only:
Date: _____
____ Public ____ Private
Referral: _____

- Program participant is registering for: (check one)
- Cub Scout Science Academic Pin & Belt Loop - \$24.95 (3 hour)
 - Brownie Try-it! Science in Action - \$24.95 (3 hour)
 - Junior Water Wonders Badge - \$24.95 (3 hour)

Participant Name: _____ Age: _____ Grade: _____ Adult

Troop leader name: _____ Scout troop number: _____

Does the participant require any special needs? Yes No (if so, please explain)

Please indicate any special needs health concerns:
____ Allergies (including food) _____
____ Medications _____
____ Other _____

Parent/Guardian Information

Parent/Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #1: _____ Phone #2: _____

Emergency Contact Information – who to call during the program time (If different from Parent/Guardian info)
Name: _____ Relationship: _____
Phone #1: _____ Phone #2: _____

If the participant is a minor, who is authorized to pick them up from the program?
 Parent/Guardian Emergency Contact Person Other: _____

Please go over the following behavior guidelines with the participant prior to the program and sign below.

1. Treat others with respect. This includes members of your group, other aquarium guests, our staff, and of course, our animals.
2. Do not yell, run, throw things, or roughhouse while on property.
3. For your safety, follow all instructions given by your program leaders or other Downtown Aquarium staff members and make sure you stay with your group at all times.

I have gone over the above behavior guidelines with the participant and understand that the participant may be asked to leave if he/she does not adhere them.

Parent/Guardian Signature: _____ Date: _____



Education Department Program
Individual Participant
Release Forms

Release from Liability

For Participants and Parents/Guardians of minor child participants:

It is important that you fill out a Participant Information Form and Release from Liability Form completely, for each participant. It is your responsibility to inform Downtown Aquarium (owned by Landry's Restaurants, Inc.) about any medical condition(s) that may affect a participant's ability to participate in our programs.

By signing this *Release from Liability Form*, you are waiving your right, or the right of the minor child participant you represent, to hold Landry's Restaurants, Inc. liable for any injury or loss suffered by you or that minor child participant during the program(s). This means that by signing *Release from Liability Form*, you are giving up the right to make demand upon Landry's Restaurants, Inc. for payment of any damages suffered by you or the minor child participant during the program(s), whether such damages are caused by physical injury, loss of property, acts of a third party, or any other cause of whatever description.

In the event that the signatory below is a parent of a minor child participant, by signing *Release from Liability Form*, you represent that you are the legally recognized parent or guardian of the minor child participant, whose name is _____, and that you release Landry's Restaurants, Inc., as set forth in this agreement, from any liability for any damage or injury suffered by that minor child while participating in the program(s).

Participant name(s): _____

Signature of Parent/Guardian: _____ Date: _____

Talent Release

I hereby consent to the reproduction and use of my photograph or reproduction thereof, either in whole or in part, or alone or in conjunction with other photographs, sketches, cartoons, art work, motion picture film, television program, commercial, videotape, and text matter, at your option, to be used by Landry's Restaurants, Inc., its subsidiaries and their agents or assignees, for any and all advertising, trade, or art purposes and in any and all publications and other advertising media without limitation, reservation or compensation.



I decline the above agreement.

Participant name: _____

Parent/Guardian name: _____
(Necessary if participant is under 18)

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

Participant signature OR Parent/Guardian signature
(Necessary if participant is under 18)

Date