



Education Department Programs

Scout Group Registration Form

Troop/Group Leader Name: _____ Troop # _____
 Address: _____ Phone #1: _____
 City: _____ State: _____ Zip: _____ Phone #2: _____
 Email: _____ Fax # _____

Date Request: (available Saturday and Sunday. Please call for weekday openings.)

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

Dates available with two weeks prior notice and minimum number of participants.

Time Request: (available 9am-12pm, 12pm-3pm, 3pm-6pm)

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

Group Payment Form				
	Program (please choose one)	Program Cost (Tax not included)	# of Participants	Total Cost
Cub Scout	Science Academic Pin and Belt Loop	\$29 per participant minimum 6 kids maximum 15 kids		
Brownie Scout	Science In Action			
	Pets Badge			
Junior Scout	Water Wonders Badge			
	Weather Watch Badge			
	Animal Habitats Badge			
Boy Scout	Oceanography Merit Badge	\$36 per participant minimum 6 kids maximum 15 kids		
Total Amount Due				

Payment for this program will be 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 cards by the Downtown Aquarium to register participants for one or more of the educational programs for the amount above.

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

Program Participant List

Name	Child or Adult (If child, give age)	Name	Child or Adult (If child, give age)
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	



Education Department Programs Scout Individual Participant Registration Form

Program participant is registering for: *(check one)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Science Academic Pin and Belt Loop - \$29 | <input type="checkbox"/> Water Wonders - \$29 | <input type="checkbox"/> Science In Action - \$29 |
| <input type="checkbox"/> Oceanography Merit Badge - \$36 | <input type="checkbox"/> Weather Watch - \$29 | <input type="checkbox"/> Pets Badge - \$29 |
| <input type="checkbox"/> Animal Habitats - \$29 | | |

Participant Name: _____ Age: _____ Grade: _____ Adult

Troop Leader Name: _____ Troop Number: _____

Does the participant have any special needs? No Yes *(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 and chaperone at all times.
4. **Food and/or beverage items may not be brought onto our premises. Consumption of alcoholic beverages on premises by chaperones will be grounds for immediate eviction from the property. Chaperones must accompany group at all times.**

I have read and 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 to them.

Parent/Guardian Signature: _____ Date: _____



Education Department Programs 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