



Emerald Coast Science Center  
31 Memorial Pkwy SW, Fort Walton Beach, FL 32548  
850- 664-1261 • ecscience.org

# Education Program Registration Form (2024-2025)

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child(ren) have any allergies or medical conditions we should be aware of?

\_\_\_\_\_

Child's Name: _____ Age: _____ Grade: _____	Child's Name: _____ Age: _____ Grade: _____
Child's Name: _____ Age: _____ Grade: _____	Child's Name: _____ Age: _____ Grade: _____

Pick up list (if different from parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please read our Code of Conduct and Expectations PDF before signing the below agreement.**

Please sign and date to acknowledge your awareness of and agreement to ECSC's Classroom Expectations and Code of Conduct:

Signature (Parent or Guardian): \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Participant Name(s): \_\_\_\_\_

Date: \_\_\_\_\_



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**REQUIRED WAIVERS:**

**HEALTH & MEDICAL**

I, the undersigned, \_\_\_\_\_ (Consenting Adult) agree as follows: The participant(s) named below is physically fit and able to participate in the program activities. I consent to any employee, agent, or other personnel affiliated with the Emerald Coast Science Center ("ECSC Personnel") to seek medical attention and treatment or other measures deemed necessary or advisable in the event of an accident, sudden illness, or other condition that occurs while the Participant is in the care or under the supervision of ECSC Personnel. I further understand that ECSC Personnel will make reasonable efforts to notify the emergency contact in the case of an accident, sudden illness, or other condition, but I authorize ECSC Personnel to seek such care or treatment, and for any care or treatment to be administered, such, care, treatment, or other measures.

I release the ECSC and all ECSC Personnel from and of any liability for such decisions or actions in seeking medical care, including claims based on negligence and agree to pay all costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

**NEGLIGENCE**

For the June 2023 - May 2024 program year, the participant(s) named below will participate in the Emerald Coast Science Center's programs and workshops. I am aware that this program may involve the use of sharp dissection tools, household and commercial chemicals, matches, lighters, candles, and other ignitable materials and the handling of living organisms.

In consideration of being allowed to participate in the Activity, I the undersigned, agree as follows:

I hereby release and hold harmless the Emerald Coast Science Center, its Board of Directors, employees, and agents ("Released Parties") from any and all claims, losses, liability expense, of whatever nature, that I may have which arise from or in any way relate to the Activity. I understand that this release includes any claims based on negligence. I further agree to indemnify and hold harmless the Released Parties from and against any and all claims, damages, and costs of defense arising out of or relating to the Activity.

Participant(s) Names: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL WAIVERS:**

**MEDIA RELEASE**

Please read and sign the following optional media release:

The Emerald Coast Science Center may use photography and videos of me or my dependents for education, public relations and marketing purposes related to the Emerald Coast Science Center in all forms of media.

Participant(s) Names: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_