



TEAM E.C.C.O.. Inc.

Brenda j Ramer, Founder & Director

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REGISTRATION FORM

CAMP NAME: _____ **DATE:** _____

NAME: _____ SEX: M F DOB: _____

School: _____ Grade: _____

PARENT(S) / GUARDIAN(S): _____

MAILING ADDRESS: _____

STATE: _____ ZIP: _____ EMAIL: _____

HOME PHONE: _____ CELL/WORK : _____

Please list any and all medical or behavioral notes that Team ECCO should be aware of to afford your child the best possible experience.

Submit this form with payment in full at time of registration for your camp. PLEASE MAKE CHECKS PAYABLE TO: TEAM E.C.C.O., Inc.

If the program is postponed by TEAM ECCO for personnel or event issues, and registrant cannot make the changed date, refund will be returned within 30 days of event. If event is cancelled for lack of participants, refunds will be made within 30 days of cancellation. Refunds calculated based upon fees incurred.

By signing this form, I understand that my child will be participating in physical activities I agree to and hold harmless Team ECCO and / or Team ECCO agents in the event of an accident. I ACCEPT ANY AND ALL MEDICAL OR INCIDENTAL FEES INCURRED FOR MY CHILD. I also understand that all precautions will be taken to ensure the safety of my child at all times. I understand that any behavior from my child that results in creating an unsafe learning environment may cause my child to be excused from any or all further activities.

guardian/parent signature

date

TEAM ECCO is a registered 501 (c) 3 with the US IRS. Check with your tax advisor for donation allowances.

Office use only

date received _____