



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



Brenda j Ramer, Founder & Director

Suite 2 318 N Main St Hendersonville, NC 28791

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**REGISTRATION FORM** : **EVENT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

NAME: \_\_\_\_\_ SEX: M F DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT(S) / GUARDIAN(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/WORK : \_\_\_\_\_

Please mark the following **“Y” for YES** or **“N” for NO**

I have: asthma \_\_\_\_\_ high blood pressure \_\_\_\_\_ heart disease \_\_\_\_\_ hearing impairment \_\_\_\_\_  
physical disability \_\_\_\_\_ if yes, please list \_\_\_\_\_

I have suffered a head injury or concussion within the past 12 months \_\_\_\_\_ date \_\_\_\_\_

I have had the following surgeries and their dates \_\_\_\_\_

I take daily medication \_\_\_\_\_ If **YES**, for what \_\_\_\_\_

I understand by signing this registration, I am bound to the dates and timelines set by TEAM ECCO, and that this program has been especially designed for my child. Team ECCO is doing this as a courtesy to work with local senior high students to help develop projects in the students' fields of interest. Any attempt to falsify or mislead Team ECCO and or its agents may result in the cancellation of services from Team ECCO and or any participating agencies.

I understand this program may involve risks associated with marine activities and as parent / legal guardian, I accept all medical fee responsibility and hold harmless Team ECCO and all of its agents from any claim that may result from an accident, injury or death associated with this project

I understand that any project involving use of live specimens puts the specimens at risk of injury or death. I agree to replace in full any and all specimens that become injured or deceased during this project.

\_\_\_\_\_  
guardian/parent signature

\_\_\_\_\_  
date

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

**This program is being done at no charge to the student for time, materials, transportation, or preparation. It is a good faith gesture to support local high school senior projects.**

**The above student assumes all personal costs for this program should any incur.**



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## PERMISSION FORM

**Child:** \_\_\_\_\_

1. 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 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.

2. By signing this form I allow images of my child or quotes from them to be use for any Team ECCO promotional items including but not limited to web, paper, print, DVD, CD, newspaper, poster, or advertising.

3. By signing this form, I here by give permission for my child to participate in walking events along Main Street and the Main Street area.

4. By signing this form, I hereby give permission for my child to ride in a private van/bus/ car for driving to and from travel events related to and included in Team ECCO programs.

Signed \_\_\_\_\_

date: \_\_\_\_\_

Print name \_\_\_\_\_

relationship to student \_\_\_\_\_