



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



Brenda j Ramer, Founder & Director

Suite 2 318 N Main St Hendersonville, NC 28792

828 692 8386 PHONE / fax

Mt

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www.team-ecco.com

team-ecco.blueridgenow.com

THIS IS A 2 SIDED FORM !

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 off to afford your child the best possible experience.

PLEASE MAIL THIS REGISTRATION with **NON-REFUNDABLE DEPOSIT OF \$75 .00**
PLEASE MAKE CHECKS PAYABLE TO: TEAM E.C.C.O., Inc.

I understand by signing this registration, I am bound to the dates and timelines set by TEAM ECCO, that a nonrefundable deposit is due with registration, and that all fees MUST be received on the first day of the event. **If registrant does not meet set time lines, an additional late fee of \$25.00 will be applied.** . 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.

Please mark shirt size

Youth: SM MED LG

Adult: SM MED LG XLG XXLG

Office use only

date received _____



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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 charter van/bus for driving to and from travel events related to and included in Team ECCO programs.

Signed _____

date: _____

Print name _____

relationship to student _____