



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



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**Sea Venture**

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[team-ecco.blueridgenow.com](http://team-ecco.blueridgenow.com)

**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.**  
**There is a \$35.00 fee for all returned checks.**

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 \_\_\_\_\_

