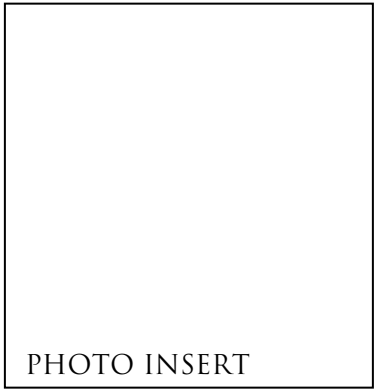


TEAM USE ONLY:
Date received



TEAM ECCO, Inc. www.team-ecco.com
Suite 2, 318 N Main St, Hendersonville, NC 28792 828 692 8386 o/ fax

MEDICAL INFORMATION AND RELEASE FORM – two (2) sided
PLEASE FILL IN * designates required information
PLEASE send photo as jpeg file to bjrmer@team-ecco.com

* STUDENT _____ * DOB _____
School _____ Grade _____ Sex: M / F

*PARENT(S) / GUARDIAN(S) _____

* mailing address _____

*city _____ * state _____ zip _____

* phone _____ * email _____
additional phone numbers mother.....cell _____ work _____
father.....cell _____ work _____

EMERGENCY CONTACT _____
phone _____ (name and relationship)
cell _____

* DOCTOR _____ * PHONE _____
DENTIST _____ PHONE _____

**I UNDERSTAND THAT ANY ATTEMPT TO FALSIFY OR WITHHOLD MEDICAL INFORMATION
MAY RESULT IN MY CHILD NOT BEING ABLE TO PARTICIPATE IN ASSIGNED ACTIVITY/IES**
And that any monetary refund or recovery is up to the decision of TEAM ECCO and its agency.
*All consideration will be given to ensure that each child has an appropriate and safe experience while
participating in activities of TEAM ECCO and its subcontractors.*

--PLEASE LIST ANY AND ALL MEDICAL CONDITIONS AND/OR ALLERGIES KNOWN--

IF THIS IS NOT APPLICABLE, PLEASE INITIAL AND DATE HERE _____

PLEASE LIST ANY AND ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKING

IF THIS IS NOT APPLICABLE, PLEASE INITIAL AND DATE HERE _____

**MY CHILD HAS SEEN A DOCTOR WITHIN THE LAST 6 MONTHS please circle
YES OR NO IF YES, FOR WHAT _____**

ALL PRESCRIPTION MEDICATIONS MUST HAVE THE PRESCRIPTION LABEL OR COPY THERE OF AND BE PLACED IN A ZIP-LOCK BAG WITH INSTRUCTIONS FOR DOSAGE. THE STUDENT'S NAME MUST BE ON THE BAG AND GIVEN TO MRS. RAMER or medical volunteer AT DEPARTURE. NO CHILD UNER 18 IS TO PERSONALLY CARRY MEDICATION except epi pens and inhalers. Medical log kept with event papers.

ATTACH COPY OF INSURANCE CARD TO THIS FORM

(If there is no insurance, a letter must be written and signed stating so and write N / A)

INSURANCE CARRIER _____

*POLICY # _____

*PHONE _____

By registering my child, I agree that his/her image and /or comments may be used in TEAM ECCO materials of print, cd, dvd, vhs or sound unless otherwise stated to TEAM ECCO in writing. I also agree that I will NOT use any image, voice, quote, or representation of a child, other than my own, for any reason other than personal viewing, without express written permission from both TEAM ECCO and other person.

THIS FORM MUST BE NOTORIZED

Please note that in the event of a medical emergency, the chaperones and agents of TEAM ECCO will make every attempt to reach parent or guardian or emergency contact and will seek out medical assistance. You and / or your insurance company must accept the costs involved. The signing party releases and holds harmless Team ECCO and any and all of its agents and signer accepts responsibility for any and all medical care or legal actions.

I, _____, do hereby grant permission for my child, _____, to be treated as deemed needed by medical professionals in case of medical emergency while in the care of TEAM ECCO.

Signed _____ date _____ relationship _____

Notary _____ seal:

date _____ my commission expires _____

I UNDERSTAND BY SIGNING THIS, 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 NO LATER THAN 21 DAYS PRIOR TO DEPARTURE. **IF REGISTRANT DOES NOT MEET SET TIME LINES, AN ADDITIONAL LATE FEE OF \$25.00 WILL BE APPLIED.** ALSO, IF REGISTRANT CANCELS LESS THAN 30 DAYS PRIOR TO DEPARTURE, WITHOUT AGREEMENT FROM TEAM ECCO, ALL MONEY IS FORFEITED TO AND /OR MAY BE COLLECTED BY TEAM ECCO. IF THE PROGRAM IS POSTPONED BY TEAM ECCO , AND REGISTRANT CANNOT MAKE THE CHANGED TO DATE, REFUND – MINUS DEPOSIT - WILL BE RETURNED WITHIN 30 DAYS OF FINAL TRIP DATE. IF TRIP IS CANCELLED FOR LACK OF PARTICIPANTS, REFUNDS WILL BE MADE WITHIN 30 DAYS OF CANCELLATION AMOUNT REFUNDED BASED ON FEES INCURRED. THERE IS A \$35.00 FEE FOR ALL RETURNED CHECKS.

INITIAL HERE _____

MAIL TO:

TEAM ECCO 318 N Main St, Suite 2, Hendersonville, NC 28792