

Send check or M/O to:  
GCCC 502 Albermarle St. Rahway, NJ 07065

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

How did you hear of us? \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

I, the undersigned, submit my child is physically fit to participate in strenuous athletic activity, and wave GCCC of any and all responsibility for injury or illness. I hereby release the directors of GCCC of any and all responsibility for injury or illness. I hereby authorize the directors of GCCC to act for me accordingly to their best judgment in an emergency requiring medical attention. I understand that I am solely responsible for the payment of said medical expenses and must provide the camp with proof of medical/accident insurance. I understand the procedure regarding the non-refundable deposit, and refund policy. I understand a credit only will be given for documented medical emergencies. There is a \$35 charge for returned checks.

Parent/Guardian:  
(Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office use: Amount Paid: \_\_\_\_\_

Date received: \_\_\_\_\_

Check/M.O.: \_\_\_\_\_

Balance: \_\_\_\_\_