GARDEN CITY COMMUNITY COLLEGE

Department of Public Safety

801 Campus Drive, Garden City, KS 67846

Criminal Justice
Fire Science Technology
Emergency Medical Services Technology

www.gcccks.edu www.team-t.org

Garden City Community College
Public Safety Camp
June 13-15, 2023

Name: _____ **Date of Birth:** _____
Address: _____ **City:** _____ **State:** _____ **ZipCode:** _____
Phone Number:_____
Email address: _____

Email address of Parent or Guardian:
**we will send any information regarding the camp to parents as we know sometimes students aren't as diligent at checking email.*

Liability Waiver- I understand the coaches, instructors or Garden City Community College will not be held responsible for injuries while the listed individual is participating in the Department of Public Safety Camp. I authorize the coaches and/or event director to secure any emergency treatment deemed necessary. The coaches, instructors and Garden City Community College will not be held responsible for the payment of this emergency treatment. Any hospital or doctor fees that are a result of injury will be the responsibility of the participant or parents or guardians of the participant if under 18. I also acknowledge the participant is physically ready for the activity of the Department of Public Safety camp.

Participant Signature:_____ Date:_____

Parent/Guardian Name:_____ Date:_____

Parent/Guardian Signature (if participant is under 18)_____

Payment:
A fee of $25 is required prior to participation in the Public Safety Camp. Please include this form with payment to: Garden City Community College Attn. Brandy Unruh, 801 Campus Dr. Garden City, KS 67846, or email to brandy.unruh@gcccks.edu. You may also drop it off in the John Collins Building.

Payment Type:
Cash_____ Check payable to GCCC_____ Credit Card_____

Credit Card Type: Discover_____ Mastercard_____ Visa_____ Amount Charged_____

Card #_____ Expiration Date____/_____ 3-digit CVV_____

Name as it appears on the card (Print legibly) _____

Signature_____