

Summer 2019

# Camp Greenwood

[ClubGreenwood.com/Camps](http://ClubGreenwood.com/Camps)

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# May 27–August 9

8am–4:30pm

Ages 5–12

Register at

[ClubGreenwood.com/Camps](http://ClubGreenwood.com/Camps)



## Stay In-the-Know

You'll receive a weekly newsletter highlighting the week's themes and activities.



## DAILY SCHEDULE

7:30–8am	Pre-Camp
8–9:15am	Check In
9:15–9:30am	Bonsai Groups AGE SPECIFIC GROUPS
9:30–10am	Group Activity
10–11am	Activity A
11am–12pm	Activity B
12–12:30pm	Lunch
12:30–1:30pm	Activity C
1:30–2:30pm	Activity D
2:30–3pm	Snack
3–4pm	Activity E
4–4:30pm	Group Activity
4:30–6pm	After Camp

## Swimming

We swim Monday–Thursday. All camp counselors will be in the water with the kids. We have a full staff of lifeguards on duty while we swim.

The **Red** group swims from 11am–12pm in the Splash Pool only.

The **Yellow, Green** and **Purple** groups swim from 1:30–2:30pm.

The **Orange, Pink** and **Blue** groups swim from 12:30–1:30pm.

## AGE GROUPS

<b>Red</b>	5
<b>Yellow</b>	6
<b>Green</b>	7
<b>Purple</b>	8
<b>Orange</b>	9
<b>Pink</b> GIRLS ONLY	10–12
<b>Blue</b>	10–12

## PROGRAMS

### Pre-Camp

7:30–8am  
\$5/child

### After Camp

4:30–6pm  
\$15/child

### Daily Drop-In

8am–4:30pm  
\$100/child **MEMBER**  
\$120/child **GUEST**  
*Same-day registration.  
Call ahead to ensure availability.  
80 child daily limit.*

## CAMP SHIRTS

Kiddos will receive camp shirts the first Friday they attend camp and should wear them on Fridays and for all field trips.

## WHAT TO PACK

Pack a swimsuit, tennis shoes, water bottle, and nut-free snack and nut-free lunch, if your child requires any special diet.

*Do not* pack money, electronic devices or toys.

## CAMP COST PER WEEK

\$340/child **MEMBER**  
\$355/child **GUEST**

### Early Bird — Ends 4/15

\$320/child **MEMBER**  
\$335/child **GUEST**

### Sibling Early Bird — Ends 4/15

\$310/child **MEMBER**  
\$325/child **GUEST**

## Refunds and Make-Up Days

Deposits are non-refundable. Remaining balance refunds are not granted except by written request in extenuating circumstances such as relocation or hospitalization.

## Billing

Billing occurs during online registration. Pre-Camp, After Camp, and Drop Ins are charged on a daily, as-used basis.

## LUNCH

### Monday, Wednesday, and Friday

Ink! Coffee lunch includes a choice of cream cheese, butter, turkey and cheese bagel sandwich or turkey wrap on whole wheat tortilla and string cheese, fruits/veggies, chips and juice box.

### Tuesday and Thursday

Which Wich includes sandwich, chips, juice and cookie.

# Camp Calendar

**MONDAY**

**TUESDAY**

**WEDNESDAY**

**DRESS UP THURSDAY**

**FIELD TRIP FRIDAY**

5/27-5/31	<b>SAFARI WEEK</b>	Nature Walk	Animal Search	Stuffed Animal Day	Favorite Animal	Lava Island
6/3-6/7	<b>SPACE WEEK</b>	Outta This World	Alien Day	Paint Your Own Planet	Space Dress Up	Museum of Nature and Science
6/10-6/14	<b>MAD SCIENCE</b>	Tie-Dye	Science Experiments	Slime Day	School Spirit	Mad Science
6/17-6/21	<b>NINJA WARRIOR</b>	Ninja Training	Combat Zone	Karate	Ninja Dress Up	SkyZone SUMMER CAMP OUT
6/24-6/28	<b>SPORTATHON</b>	Camp Olympics	Champions	Field Day	Jersey Day	Coors Field
7/1-7/3	<b>USA</b>	America Monday	Just Grillin'	Movies	<b>No Camp</b>	<b>No Camp</b>
7/8-7/12	<b>AROUND THE WORLD</b>	Yoga	Your Own Backyard	Arts	Color Day	Bowlero
7/15-7/19	<b>BEAT THE HEAT</b>	Slip and Slide	Water Gun Fight	Water Balloon Toss	Dress for the Beach	Pool Party
7/22-7/26	<b>FOOD FUED</b>	Pie a Counselor	Make Your Own Pizza	Taste Testing	Dress as Food	HAPA
7/29-8/2	<b>COUNSELORS VS. KIDS</b>	Dodgeball	Soccer	Kickball	Dress as Your Counselors	Mystery Dinner Theater
8/5-8/9	<b>GOING OUT WITH A BANG</b>	End of Summer Games	Dance Party	Movie Day	PJ Day	Surprise Field Trip

## FIELD TRIP/ACTIVITY CONSENT

Outdoor activities are planned for your child's enjoyment during our summer camp. In order for your child(ren) to participate in these activities, this form must be completed, signed and returned to Club Greenwood prior to their camp session.

Our outdoor activities will take place behind the club and outside the club. Your written consent is necessary for your child(ren) to participate in camp. We will be going on field trips throughout the summer to various locations in the Denver metro area. Transportation will be provided by Horizon Coach Lines.

I agree to all field trips listed on this calendar.

Parent/Guardian Signature

Date

# Registration Form

Camper \_\_\_\_\_ Member (  ) Guest (  )

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_

Parent Name #1 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_

Parent Name #2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_

## CAMP WEEK CHOICES

Week	Monday-Friday	Check if Yes
1	5/27-31	
2	6/3-7	
3	6/10-14	
4	6/17-21	
5	6/24-28	
6	7/1-3	
7	7/8-12	
8	7/15-19	
9	7/22-26	
10	7/29-8/2	
11	8/5-9	

## PAYMENT OPTIONS

House Charge  Check  Cash  Credit

Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ CVC \_\_\_\_\_

Zip \_\_\_\_\_

Signature \_\_\_\_\_

Guests must provide a credit card number for our files, even when paying by cash or check.

## TERMS AND CONDITIONS

\_\_\_\_I/We request that my child be admitted to Camp Greenwood. I understand that my deposit is non-refundable. Remaining balance refunds are not granted except by written request in extenuating circumstances such as relocation or hospitalization. I agree to assume full risk and to waive, relinquish and release all claims I and/or the participant may have against, indemnify, hold harmless and defend Greenwood Athletic Club Metropolitan District and JAG Management Group, LLC. This includes as well its officers, agents, all personal medical insurances and that as a participant must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact can not be reached.

\_\_\_\_I/We have read this release and understand all its terms and hereby execute it voluntarily with full knowledge and understanding of its significance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Consent Form

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Camper \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SUNSCREEN CONSENT

I/We, being the parent(s)/guardian(s) of the above mentioned, \_\_\_\_ give consent / \_\_\_\_ do not give consent, for the use of Body Eclipse SPF 30+ to be applied to my child(ren) in the event their sunscreen is left at home.

## VIDEO CONSENT

I/We, being the parent(s)/guardian(s) of the above mentioned, \_\_\_\_ give consent / \_\_\_\_ do not give consent, for the viewing of age appropriate, "G" and "PG" rated videos in the event of inclement weather.

## PHOTO RELEASE CONSENT

I/We, being the parent(s)/guardian(s) of the above mentioned, hereby consent that photographs taken by Club Greenwood may be used by Club Greenwood for Club Greenwood promotional materials, including the Club Greenwood website. I understand that these photos will be used only for promotional purposes, and will not be given to other parties for any purpose other than to promote the club. I may also request that Club Greenwood cease from using any particular photo in future materials or promotions, by providing written notification to the Club Greenwood General Manager or Director of Marketing. Materials that are already in existence or production at the time I provide such written notice may continue to be used until supplies are exhausted. Club Greenwood includes these photos for purposes of marketing the club, in order to showcase the club and allow members and non-members to see the variety of services and activities available at the club.

I/We have read this release and understand all its terms and hereby execute it voluntarily with full knowledge and understanding of its significance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## CHILD RELEASE CONSENT

Children will only be released to parents or guardians listed on this form and individuals whose names appear below. All individuals must present a form of identification when picking up children from the program.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I/We have read this release and understand all its terms and hereby execute it voluntarily with full knowledge and understanding of its significance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Medical Form

This Form Must Be Completed

Camper \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## IN THE EVENT OF AN EMERGENCY, CONTACT:

**Parent Name #1** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Mobile # \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_

**Parent Name #2** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Mobile # \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_

## PERSON OTHER THAN PARENT/GUARDIAN AUTHORIZED TO APPROVE EMERGENCY MEDICAL TREATMENT:

**Emergency Contact #1** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Mobile # \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Mobile # \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_

In the event that reasonable attempts to contact parents/guardians mentioned above or other person(s) named above, full consent is given to emergency medical or hospital services that may be rendered by an accredited hospital or by an appointed physician(s), in the event that the administration of any treatment is deemed necessary by a duly licensed physician or medical practitioner.

## SPECIFIC MEDICAL INFORMATION

List any communicable diseases, serious illnesses and/or surgeries which your child(ren) has had: \_\_\_\_\_

List any known drug allergies and/or drug reactions which your child(ren) has: \_\_\_\_\_

Describe any special diets your child(ren) must follow: \_\_\_\_\_

List any know food allergies: \_\_\_\_\_

List any prescriptive and/or non-prescriptive medications which your child(ren) must take:

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBING PHYSICIAN

List preferred medical personnel:

	PHYSICIAN	DENTIST	PREFERRED HOSPITAL
NAME			
ADDRESS			
PHONE			

## MEDICAL EMERGENCY CONSENT

\_\_\_\_ I/We, being the parent(s)/guardian(s) of the above mentioned, give consent for emergency medical and/or surgical treatment in a licensed medical facility and by a licensed physician should my child(ren)'s condition require it in my absence. I/We understand that in such a case, reasonable attempts would first be made to contact us with time and conditions permitting. As long as the medical and/or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved. I/We impose no specific prohibitions regarding treatment unless stated here: \_\_\_\_\_

My child has the following medical condition(s) that may require emergency care including allergies and/or drug allergies: \_\_\_\_\_

\_\_\_\_ I/We confirm to Club Greenwood that my child(ren) is in good health and that his/her participation does not pose a hazard to his/her health or that of other participating campers.

\_\_\_\_ I/We have read this release and understand all its terms and hereby execute it voluntarily with full knowledge and understanding of its significance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_