

Summer 2020

Camp Greenwood

ClubGreenwood.com/Camps

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5801 South Quebec Street, Greenwood Village, CO



May 26–August 14

8:00am–4:30pm

Ages 5–12

Register at
ClubGreenwood.com/Camps



Stay In-the-Know

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



DAILY SCHEDULE

7:30-8:00am	Pre-Camp
8:00-9:15am	Check In
9:15-9:30am	Bonsai Groups AGE SPECIFIC GROUPS
9:30-10:00am	Group Activity
10:00-11:00am	Activity A
11:00am-12:00pm	Activity B
12:00-12:30pm	Lunch
12:30-1:30pm	Activity C
1:30-2:30pm	Activity D
2:30-3:00pm	Snack
3:00-4:00pm	Activity E
4:00-4:30pm	Group Activity
4:30-6:00pm	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** and **Blue** groups swim from 12:30–1:30pm.

AGE GROUPS

Red	5
Yellow	6
Green	7
Purple	8
Orange	9
Blue	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.*

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

\$345/child **MEMBER**

\$360/child **GUEST**

Early Bird — Ends 4/22

\$320/child **MEMBER**

\$335/child **GUEST**

Sibling Early Bird — Ends 4/22

\$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, ham wrap 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

NO CAMP – Memorial Day

5/26–5/29	ANIMAL PLANET	Nature Walk	Animal Search	Favorite Animal Dress Up	Zoo
6/1–6/5	SPACE IS THE PLACE	Rocket Launch	Make Moon Sand	Space Dress Up	Museum of Nature and Science
6/8–6/12	UNDER THE SEA	Sea Animal Crafts	Sea Creature Dive	Under the Sea Dress Up	Aquarium
6/15–6/19	FUN AND FITNESS	Sharks and Minnows	Kids Boot Camp	Work Out Dress Up	SkyZone SUMMER CAMP OUT
6/22–6/26	ALL SORTS OF SPORTS	Counselors vs. Kids Day	Field Day	Jersey Day	Tour of Coors Field
6/29–7/3	PARTY IN THE USA	Rocket Toss	Fireworks in a Jar	Patriotic Day! Wear Your Red, White and Blue!	Olympic Training Center
7/6–7/10	WET AND WILD WATER WEEK	Water Balloon Toss	Water Relays	Dress For The Beach	Pool Party
7/13–7/17	SAY “YES” TO THE MESS	Slime Time	Oreo Dirt Cups	Color Run! Wear White	Pizza Republica BUILD YOUR OWN PIZZA
7/20–7/24	NINJA WARRIOR	Combat Zone	Ninja Training Obstacles Course	Dress Like a Ninja	Ninja Nation
7/27–7/31	HAWAIIAN HULLABALOO	Limbo Competition	Create Your Own Lei	Hawaiian Dress Up	Philip S. Miller Park
8/3–8/7	CHALLENGE WEEK	Food Test	Treasure Hunt	School Spirit Day	Bowlero
8/10–8/14	CAMP GREENWOOD'S GOT TALENT	Counselors Talent Show	Group Talent Show	Dress As Your Favorite Counselor	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. Field trips are subject to change.

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 Bus Bank Deluxe Motor Coach Buses.

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	5/26-5/29	
2	6/1-6/5	
3	6/8-6/12	
4	6/15-6/19	
5	6/22-6/26	
6	6/29-7/3	
7	7/6-7/10	
8	7/13-7/17	
9	7/20-7/24	
10	7/27-7/31	
11	8/3-8/7	
12	8/10-8/14	

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

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 _____

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 _____

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____ Date of birth: _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib <i>Haemophilus influenzae</i> type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease

Varicella - positive screen date

*A positive laboratory titer report must be provided to the school to document immunity.

Recommended vaccines

Immunization date(s) MM/DD/YY

*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Health care provider signature or stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____