

Camp Greenwood

Counselors in Training 2020

**Prepares teenagers for the workplace, teaching
them responsibility, leadership and maturity**

Ages 13–15

May 26–August 14

8:00am–4:30pm

ClubGreenwood.com/Camps

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5801 South Quebec Street, Greenwood Village, CO



May 26–August 14

8:00am–4:30pm

Ages 13–15

\$250/week **MEMBER**

\$300/week **GUEST**

Lunch and snacks are included.



CLUB GREENWOOD'S COUNSELOR IN TRAINING program teaches young teenagers the aptitude to prepare them for real world jobs. Participants will learn responsibility, leadership, and maturity. CITs will be teamed with experienced Camp Greenwood counselors to ensure they are learning these essential skills.

What is the process to become a CIT? CITs need to be 13–15 years old and approved by the camp directors after being interviewed.

Is CIT space limited? Yes, this program will only allow a small number of campers to develop the skills of the work place. The smaller numbers allow more one-on-one training and less distractions. There will be no more than two CITs per team (10 max/week).

What do CIT campers do? CITs will attend camp as if they were in an interim position at a work place. They will learn the ins and outs of how the camp is run as a business, as well as the hands-on skills of planning, organizing and running various activities. CITs will always have a camp counselor with them and will never be left alone with any campers.

Why create a CIT program? Here at Camp Greenwood, we have seen many of the children in the area grow up. This is a great opportunity for us to give back to these previous campers and help them grow into productive members with qualifications to become successful in the career paths they choose!

Register at
ClubGreenwood.com/Camps
to be contacted for an interview



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.

Once camp begins, we do not allow make-up days or refunds for any absences.

Camp Calendar

MONDAY

TUESDAY

WEDNESDAY

DRESS UP THURSDAY

FIELD TRIP FRIDAY

NO CAMP – Memorial Day

Zoo

Favorite Animal Dress Up

Animal Search

Nature Walk

ANIMAL PLANET

5/26–5/29

Create Your Own Planet

Space Dress Up

Make Moon Sand

Rocket Launch

SPACE IS THE PLACE

6/1–6/5

Sharks and Minnows

Under the Sea Dress Up

Sea Creature Dive

Sea Animal Crafts

UNDER THE SEA

6/8–6/12

Obstacle Courses

Work Out Dress Up

Kids Boot Camp

Yoga

FUN AND FITNESS

6/15–6/19

Counselors vs. Kids Day

Jersey Day

Field Day

Camp Olympics

ALL SORTS OF SPORTS

6/22–6/26

Rocket Toss

Patriotic Day! Wear Your Red, White and Blue!

Fireworks in a Jar

Just Grillin'

PARTY IN THE USA

6/29–7/3

Water Balloon Toss

Dress For The Beach

Water Relays

Slip 'N Slide

WET AND WILD WATER WEEK

7/6–7/10

Slime Time

Color Run! Wear White

Oreo Dirt Cups

Tie Dye

SAY "YES" TO THE MESS

7/13–7/17

Combat Zone

Dress Like a Ninja

Ninja Training Obstacles Course

Karate Day

NINJA WARRIOR

7/20–7/24

Limbo Competition

Hawaiian Dress Up

Create Your Own Lei

Decorate Surfboards

HAWAIIAN HULLABALOO

7/27–7/31

Food Test

School Spirit Day

Treasure Hunt

Capture The Flag

CHALLENGE WEEK

8/3–8/7

Counselors Talent Show

Dress As Your Favorite Counselor

Group Talent Show

Kids Talent Show

CAMP GREENWOOD'S GOT TALENT

8/10–8/14

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 known 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

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.

Recommended vaccines	Immunization date(s) MM/DD/YY
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: _____