AGES
5–12

SCHOOL DAYS OUT

2023-2024

ARTS & CRAFTS
GYM GAMES
SWIMMING

REGISTER Greenwood App, 303.770.2582 x274
ClubGreenwood.com/Youth

CONTACT Colleen Bernardis, x287
ColleenB@ClubGreenwood.com

SCAN FOR INFO

CLUB GREENWOOD

SCHOOL DAYS OUT

2023–2024

AGES 5–12

The kids will have fun doing arts and crafts, playing gym games and swimming! The price is per day and includes lunch and snacks. Just bring your kids and their swimsuits.

Times

Pre-Camp	7:30–8:30am
Camp	8:30am–3:30pm
After-Camp	4:00–6:00pm

Price Per Day

Pre-Registration Required

Member	$85
Guest	$100
Pre-Camp	$10
After-Camp	$15
Snow Day	$55

Dates

September	22, 29
October	16-20, 23
November	3, 20-22
December	26-29
January	2-5, 8, 15
February	16, 19, 20
March	7, 8, 18-22, 25-29
April	19, 22
May	3

Refunds and Make-up Days
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.

Snow Day Camp
If school is canceled for a weather-related issue, Camp Greenwood will be open unless Club Greenwood is closed. Check ClubGreenwood.com for more information.

Registration Form

Camper _____ Member ( ) Guest ( )

Age _____ Date of Birth _____ / _____ / _____ Gender _____ Grade _____

Parent Name #1 _____

Address _____

City _____ State _____ Zip _____

Email _____

Mobile # _____ Home # _____

Parent Name #2 _____

Address _____

City _____ State _____ Zip _____

Email _____

Mobile # _____ Home # _____

CAMP DAY CHOICES

September	22, 29
October	16, 17, 18, 19, 20, 23
November	3, 20, 21, 22
December	26, 27, 28, 29
January	2, 3, 4, 5, 8, 15
February	16, 19, 20
March	7, 8, 18, 19, 20, 21, 22, 25, 26, 27, 28, 29
April	19, 22
May	3

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

_____ /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 _____

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 _____

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 _____

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com

COLORADO
Department of Public Health & Environment

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 *Haemophilus influenzae* 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.

*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							
COVID-19							
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: _____