



Camp Greenwood

# Counselors in Training

AGES  
13-14

SUMMER 2025  
May 27-August 8

8:30am-3:30pm

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

**REGISTER** Greenwood App, 303.770.2582 x274  
ClubGreenwood.com/Camps  
**CONTACT** Colleen Bernardis, x287  
ColleenB@ClubGreenwood.com



SCAN FOR INFO

 CLUB  
GREENWOOD

# May 27-August 8

8:30am-3:30pm

Ages 13-14

\$315/week **MEMBER**

\$365/week **GUEST**

Lunch and snacks are included.



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**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!

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**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

**FRIDAY**  
SPECIAL EVENTS

**THURSDAY**  
DRESS UP

**WEDNESDAY**

**TUESDAY**

**MONDAY**

**WEEK ONE:**  
5/27-5/30

## SPLASH INTO SUMMER

School Spirit Dress Up

Water Games

First Day of Camp Icebreakers

Camp Carnival  
AT CLUB GREENWOOD

**WEEK TWO:**  
6/2-6/6

## WIZARDS AND MAGIC

Crazy Hair Day

Foam Party

Make a Magic Wand

Magic Show  
AT CLUB GREENWOOD

**WEEK THREE:**  
6/9-6/13

## ALL STAR SPORTS

Wear Your Favorite Jersey

Counselors vs. Kids Competition

Relay Races

Field Trip to Lava Island  
AT LOCATION

**WEEK FOUR:**  
6/16-6/20

## CHALLENGE AND ADVENTURE WEEK

Backwards Dress Up Day

Life Size LEGO Block Party

Food Taste Test

Nerf Terf Battle  
AT CLUB GREENWOOD

**WEEK FIVE:**  
6/23-6/27

## ALL ABOUT ANIMALS

Animal Dress Up Day

Anima BINGO

Make Animal Masks

Visit from Reptiles  
AT CLUB GREENWOOD

**WEEK SIX:**  
6/30-7/4

## STARS, STRIPES, AND SUMMER

USA Spirit Day! Wear Red, White, and Blue

Dance Party

Glitter Fireworks

**NO CAMP**  
INDEPENDENCE DAY

**WEEK SEVEN:**  
7/7-7/11

## TO INFINITY AND BEYOND

Dress like an Alien or Astronaut

Rocket Launches

Make Galaxy Slime

Field Trip to Museum of Nature and Science  
AT LOCATION

**WEEK EIGHT:**  
7/14-7/18

## SPLASH-TASTIC WATER WEEK

Dress for the Beach

Wacky Water Games

Slip N' Slide

Pool Party  
AT CLUB GREENWOOD

**WEEK NINE:**  
7/21-7/25

## SUPERHEROES AND NINJA ACADEMY

Dress like a Superhero or Ninja

Make Superhero Masks

Ninja Obstacle Courses

Field Trip to Ninja Nation  
AT LOCATION

**WEEK TEN:**  
7/28-8/1

## CAMP GREENWOOD'S GOT TALENT

Dress to Impress

Karaoke Day

Campers Talent Show

Field Trip to Adam's Mystery Playhouse  
AT LOCATION

**WEEK ELEVEN:**  
8/4-8/8

## CAMP GREENWOOD'S GRAND FINALE

Pajama Dress Day

Camp Scrapbook

Movie Day

End of Camp Party  
CAMP GREENWOOD

### 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. Splash into Summer	5/27-5/30	
2. Wizards and Magic	6/2-6/6	
3. All Star Sports	6/9-6/13	
4. Challenge Adventure Week	6/16-6/20	
5. All About Animals	6/23-6/27	
6. Stars, Stripes, and Summer	6/30-7/3	
7. To Infinity and Beyond	7/7-7/11	
8. Splash-Tastic Water Week	7/14-7/18	
9. Superheroes and Ninjas	7/21-7/25	
10. Camp Greenwood's Got Talent	7/28-8/1	
11. Grand Finale	8/4-8/8	

## 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 \_\_\_\_\_

# COLORADO CERTIFICATE OF IMMUNIZATION

[www.coloradoimmunizations.com](http://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 6<sup>th</sup> 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	
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\*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: \_\_\_\_\_