



# CAMP GREENWOOD



Gym Games

Field Trips



Crafts



Swimming



Combat Zone



Yoga



Sports



Summer 2018



GREENWOOD ATHLETIC AND TENNIS CLUB

THE *Best* PART OF Your **KIDS** Day!®



# CAMP GREENWOOD | GENERAL INFORMATION

**DATES:** May 28 - August 17

**AGES:** 5-12 years

Group Color	Age
Red	5
Yellow	6
Green	7
Purple	8
Orange	9
Pink <i>Girls Only</i>	10-12
Blue	10-12

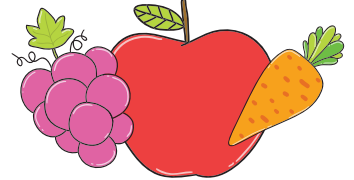


## PROGRAM TIMES

<b>Pre-camp</b>	7:30am-8:00am	\$5/per child
<b>After Camp</b>	4:30pm-6:00pm	\$10/per child
<b>Daily Drop-In</b>	8:00am-4:30pm	\$100 <i>Member</i> / \$120 <i>Non-Member</i>

Register day of child attending. Call ahead to check availability.  
80 child limit.

**NEW!**  
Healthy Snack Options



## CAMP COST

**Early-Bird Pricing:** \$299 *Member* / \$314 *Non-member* (register by April 27)

**Per Week:** \$330 *Member* / \$345 *Non-member*

Lunch and snacks are included. Lunch and snacks are included.  
**New this year!** Longer camp days, **8:00am-4:30pm**, included in price.



## 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.



## REGISTER ONLINE

To register online scan code or go to:  
[GreenwoodATC.com/CampGreenwood](http://GreenwoodATC.com/CampGreenwood)  
Return completed form to YAC or Kids Club.





# CAMP GREENWOOD | 2018 CALENDAR

THEME	Dates	Monday	Tuesday	Wednesday	Thursday <i>DRESS UP</i>	Friday <i>FIELD TRIP</i>
Animal World	5/28-6/1	Nature Walk	Stuffed Animal Hunt	Barnyard Search	Favorite Animal Day	Denver Zoo
Sportathon	6/4-6/8	Bronco Day	Favorite Team Day	Competition Champions	Field Day	Mile High Stadium Tour
Counselors vs Kids	6/11-6/15	Dodge Ball Tournament	Soccer Shoot-out	Kickball Tournament	Favorite Counselors	Bowling
Wild N' Crazy	6/18-6/22	Safari	Carnival	Jungle Games	Wacky Tacky Day	Jungle Quest <i>Summer Camp Out!</i>
Holidays	6/25-6/29	Saint Patrick's Day	Valentine's Day	Thanksgiving	Halloween	Summer Pool Party
USA	7/2-7/6	'Merica Monday	Just Grillin'	<b>No Camp</b>	USA All The Way	Olympic Training Center
Food Glorious Food	7/9-7/13	Make Your Own Pizza	Taste Testing	Food Fight	Dress as Food	Landmark Restaurant
Beat the Heat	7/16-7/20	Slip and Slide	Water Gun Fight	Water Balloon Toss	Dress for the Beach	Philip S. Miller Park
Old School Week	7/23-7/27	Old School Games	Throwback Dance Day	Back in Time Tournament	Throwback Dress-Up	Nickle-A-Play
Fitness is Fun	7/30-8/3	Jumpathon	Cardio day	Olympics	Favorite Workout Day	Red Rocks Hike
Around the World	8/6-8/10	The Origins of Yoga	Your Own Backyard	Martial Arts	Holi Ha <i>Color Run</i>	Hapa Sushi
Going Out With A Bang	8/13-8/17	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 Greenwood Athletic and Tennis Club 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, a bus company. I agree to all field trips listed on this calendar.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CAMP GREENWOOD | CAMP INFORMATION

## AGE GROUPS

Age	Group Color
5	Red
6	Yellow
7	Green
8	Purple
9	Orange
10-12	Pink <i>Girls Only</i>
10-12	Blue

## 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 11:00am-12:00pm 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.

## CAMP SHIRTS

**When do the kids need to wear their camp shirts?**  
Fridays for field trips or anytime we have a field trip.

**When do the kiddos receive their camp shirts?**  
The first Friday they attend camp.

## THINGS TO PACK

Swimming suit, tennis shoes, water bottle, nut-free snack and nut-free lunch, if you require any special diet.

## WHAT SHOULDN'T MY CHILD BRING TO CAMP?

Money, tablet, smartphone and toys.

## WHAT IS INCLUDED IN 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:

WhichWich includes sandwich, chips, juice and cookie.

## WHAT DOES A TYPICAL DAY LOOK LIKE?

7:30-8:00am	Pre Camp
8:00-9:15am	Check in
9:15-9:30am	Bonsai Groups <i>(age specific groups)</i>
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

All groups swim once per day as an activity.

## WHAT IS THE DROP-IN RATE?

If you drop your child off and you have not registered beforehand, you will be charged the drop-in rate.

There are only 80 campers per day so space is limited.

\$100 *Member* / \$120 *Non-Member*

## WILL I RECEIVE ANY MORE INFORMATION ABOUT SUMMER CAMP?

We send out a weekly newsletter highlighting the week's themes and activities.

## WHEN DO I GET BILLED?

**Billing occurs during online registration.**

**Pre Camp and After Camp:** charged on a daily, as used basis.

**Drop in:** charged the day you attend camp.





# CAMP GREENWOOD | REGISTRATION FORM

**Camper:** \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_

Member  Non-Member

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Cell number \_\_\_\_\_ Home number \_\_\_\_\_

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Cell number \_\_\_\_\_ Home number \_\_\_\_\_

## CAMP WEEK CHOICES

Week	Monday-Friday	Check if yes
1	5/28-6/1	
2	6/4-6/8	
3	6/11-6/15	
4	6/18-6/22	
5	6/25-6/29	
6	7/2-7/6 (no Camp on July 4)	
7	7/9-7/13	
8	7/16-7/20	
9	7/23-7/27	
10	7/30-8/3	
11	8/6-8/10	
12	8/13- 8/17	

## PAYMENT OPTIONS: Select method

(See General Information for pricing)

House Charge  Check  Cash

Credit Card

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

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

Expiration Date \_\_\_\_\_

CVC \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

*Non-members 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:** \_\_\_\_\_





# CAMP GREENWOOD | ACTIVITY INFORMATION 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 Greenwood Athletic and Tennis Club may be used by GATC for GATC promotional materials, including the GATC 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 GATC cease from using any particular photo in future materials or promotions, by providing written notification to the GATC 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. GATC 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.

1) **Name** \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone* \_\_\_\_\_

2) **Name** \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone* \_\_\_\_\_

3) **Name** \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone* \_\_\_\_\_

4) **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:** \_\_\_\_\_

# CAMP GREENWOOD | MEDICAL INFORMATION FORM

**MUST BE COMPLETED!**

**Camper:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, CONTACT THE FOLLOWING:**

**Parent/guardian 1** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_ Work number \_\_\_\_\_

**Parent/guardian 2** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_ Work number \_\_\_\_\_

**PERSON OTHER THAN PARENT/GUARDIAN WHO IS AUTHORIZED TO APPROVE EMERGENCY MEDICAL TREATMENT:**

**Emergency Contact 1** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_ Work number \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_ Work number \_\_\_\_\_

*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

Name and phone number of child's 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 son/daughter has the following medical condition(s) that may require emergency care including allergies and/or drug allergies:

\_\_\_\_ I/We confirm to Greenwood Athletic and Tennis Club 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:** \_\_\_\_\_