

GVR METROPOLITAN DISTRICT  
COMMUNITY PROGRAM



2009 YOUTH/TEEN SUMMER CAMP ENROLLMENT CHECKLIST

ONLINE DOCUMENT

Participant's Name: \_\_\_\_\_

**Bring this checklist and completed documents with you when enrolling your youth.**

**Information for Parents/Guardians to keep**

- 2009 Youth/Teen Summer Camp General Information Notice
- Field Trip / Activities Calendar

**Information that must be returned for participant to be considered "Enrolled"**

- 2009 Youth/Teen Summer Camp Enrollment and Agreement
- 2009 Youth/Teen Summer Camp Field Trip Authorization and Release
- 2009 Youth/Teen Summer Camp Medical Instruction and Authorization
- 2009 Youth/Teen Summer Camp Medication Information Agreement
- Payment for "Total amount due at enrollment" (see the 2009 Youth/Teen Summer Camp Enrollment and Agreement form)
- 2009 Youth/Teen Summer Camp Participation Form

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2009 SUMMER CAMP GENERAL INFORMATION NOTICE

ONLINE DOCUMENTS

DISTRICT TELEPHONE NUMBER – 303-307-3243

**THEME**

**EXPLORING TO FIND IN 2009**

**PURPOSE**

To provide recreational, educational, enriching and fun activities for youth/teens during out-of-school times

**GOALS**

- To provide youth/teens an opportunity for involvement within the community in a meaningful and fun way
- To afford youth/teens the opportunity for self-expression
- To enable youth/teens to realize more fully their potential and talents
- To help youth/teens recognize their responsibility for making the community a better place for everyone to live
- To provide parents affordable alternatives to day care

**BRIEF PROGRAM ACTIVITIES OVERVIEW**

- Arts & Crafts
- Reading (newspaper and magazine articles, age-appropriate books)
- Science & Technology
- Films, Videos, Photography for Memory Book
- Quiet Time Activities (journaling, painting, drawing, sculpture, poetry, dance, music)
- Sport Activities (swimming, relay games, hiking, organized games)
- Field Trips

**AGES**

Youth/Teens must be at least age five (4) and no older than age fifteen (15) to participate

**PROGRAM DATES**

The GVR 2009 Summer Camp will be held Monday, June 1, through Friday, August 28, 2009

7:00 A.M. to 6:00 P.M. Arrivals prior to 7:00 A.M. or pick-ups after 6:00 P.M. will not be permitted.

## **PROGRAM LOCATION**

The GVR Metropolitan District Summer Camp will be operating at Florida Pitt Waller School located at 21601 E. 51<sup>st</sup> Place, Denver, CO, 80249.

## **ENROLLMENT**

A youth/teen is not enrolled in the program until all required forms/documents are completed and signed, and the required fees for the program are paid. Enrollment will be accepted on a first-come, first-served basis for each camp. The last day to enroll a participant in camp is Wednesday, May 27, 2009 for session #1 week of June 1-8, 2009. A "Waiting List" will be maintained once the camp is filled. Payments will be held while participants are on the "Waiting List." If cancellations are received, the space will be offered in order of the "Waiting List." Written acceptance of offer must be returned to the District within 24 hours (via e-mail, fax, delivery, etc.). Any individual on the "Waiting List" who qualified for the parent walk-in enrollment discount will still receive that discount when payments are deposited. .

Enrollments may be submitted by:

- Mailing to the GVR Metropolitan District Administration Office at 18650 E. 45<sup>th</sup> Avenue, Denver, CO 80249; or
- Hand delivering to GVR Metropolitan District Administration Office by sealing all required forms and documents along with payment in an envelope and placing it in the mail slot on the front porch of the Administration Office.

## **PROGRAM FEES**

Program Fee includes all admission fees for the field trips, field trip transportation, general arts and crafts supplies, sports equipment, collectable camp T-shirt, wristband and snacks.

**Located below this link are the following forms that you will also need to fill out:**

**\*Youth &/or Teen Camp Enrollment and Agreement forms for Session Dates, Payment Schedules and due dates**

**\*Teen Summer Camp Enrollment and Agreement Excursion**

**\*Youth &/or Teen Summer Camp Enrollment and Agreement Daily Session Dates & Rates**

Second child discount of 10% applies only in weeks of concurrent enrollment by both children and applies to the lower cost program. The second child discount will apply to children living at the same address provided both children have a common parent, grandparent, or legal guardian to establish the relationship between the children.

***Make check, Money Order or Cashier's Check for the program fees payable to: GVR Metropolitan District. All payments received will be deposited immediately. Please note on your check your youth/teen's name(s). Credit Cards and cash are accepted at the Administration Office only.***

**Participants will not be allowed to attend the camp if any amount due is not received by the stated Due Date.**

## **REFUND/CANCELLATION POLICY**

Any written request to cancel enrollment must be received fourteen day prior to the start date of the week the participant has sign up for, by 5:00 P.M. at the GVR Metropolitan District Administration Office effective by the Refund Request Deadline above in order to qualify for a 100% refund of program fees received.

All refund checks will be mailed to the same address that is on the original Enrollment and Agreement form, and paid to the original payer within fifteen (15) business days. Written cancellation requests must be signed by the same Parent/Guardian who originally registered the youth/teen in the program.

Appeals regarding Refunds may be submitted in writing and discussed with the GVR Metropolitan District Manager.

No credits will be given for individual days your youth/teen does not attend.

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2009 SUMMER CAMP FIELD TRIP AUTHORIZATION/RELEASE

ONLINE DOCUMENTS

I AGREE to allow \_\_\_\_\_ (“Participant”) to participate in the following scheduled field trips as part of the GVR Metropolitan District (“District”) 2009 Summer Camp Program (“Program”) according to the Program outline and rules provided to me.

**YOUTH SUMMER CAMP SCHEDULED FIELD TRIP LIST**

Denver Zoo	Apex Center
Boulder Falls	Colorado History Museum
Pirates Cove	Denver Puppet Theater
WOW Children’s Museum	Patsy’s Candy Factory
Fox Art Center	Garden of the gods
Cinema Theater	Miramount Castle
Monkey Bizness	Pearl Street Mall
Celestial Seasonings	Camp Pool Party

**TEEN SUMMER CAMP SCHEDULED FIELD TRIP LIST**

Hot Pots	Denver Zoo
Rattlesnake Gulch	Boulder Falls
McDonald’s-\$\$	Cinema Theater
Sugarloaf Mountain	Miramount Castle
Skate City	Apex Center
Doudy Draw Trail	Jump Street
Golden Corral- \$\$	Celestial Seasonings
Cheek Creek Trail	Pirates Cove
Cherry Creek Mall-\$\$	Colorado History Museum
Heil Valley Ranch	Six Flags Elitch
Elitch Lanes	Patsy Candy Factory
Royal Arch	Camp Pool Party

\$\$ Teen are required to bring their own money for lunch outing.

I AGREE that the Participant may be transported by the District to and from the above scheduled field trips in vehicles owned and/or operated by the District. Any field trips that I do not want the participant to go on have been crossed off and initialed.

I have completed the 2009 Camp Participation Agreement and Release, and agree that the terms and conditions of the waiver and release of liability shall apply equally to any activities the Participant may be involved in during any of the field trips. I understand that I must pay all Program fees.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS FIELD TRIP AUTHORIZATION AGREEMENT AND RELEASE, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Cell or Employer Phone

\_\_\_\_\_  
Home Phone

Note: Parents and guardians may join the Participant at any field trip with prior approval of the Community Program Manager, on a "space available" basis. Parents/guardians must pay their own admission and provide their own transportation on any field trip. The District will not be responsible for any loss, damage, or liability associated with a parent's voluntary participation in any District field trip or activity.

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2009 SUMMER CAMP MEDICATION INSTRUCTION AND  
AUTHORIZATION  
(ONLINE DOCUMENTS)

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION INSTRUCTION**

Licensed Practitioner Name: \_\_\_\_\_

Licensed Practitioner Signature: \_\_\_\_\_

Licensed Practitioner Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Date Authorized: \_\_\_\_\_

Date to be Administered: \_\_\_\_\_ Dosage: \_\_\_\_\_

Length Medication is to be Administered: \_\_\_\_\_ Route of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Side Effects/Reactions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Medications must be kept in the original labeled bottle or container.**

Prescription medications must contain their original pharmacy label that lists:

1. Participant's name
2. Prescribing practitioner's name
3. Pharmacy name and telephone number
4. Date prescription was filled
5. Expiration date of the medication
7. Dosage
8. How often to give the medication
9. Length of time the medication is to be given

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2009 SUMMER CAMP MEDICAL INFORMATION AGREEMENT  
(ONLINE DOCUMENTS)

Participant's Name: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

**NOTE:** All participants with ADHD, ADD, mental disability, or similar medical conditions are required to provide a current and effective Individual Educational Plan (I.E.P.). at the time of registration.

Overall General Health: \_\_\_\_\_

Please list all known drug reactions and allergies (Food, Medicines, etc.): \_\_\_\_\_

\_\_\_\_\_

Current medications being taken: \_\_\_\_\_

\_\_\_\_\_

Do you give your consent to Program staff administering these medications? Yes No (circle one). If yes is circled, you must provide medications to the District in their original container including printed doctor's instructions. If only certain medications are consented to, please indicate which ones: \_\_\_\_\_

Special Dietary restrictions/requirements: \_\_\_\_\_

Special accommodations for youth with disability: \_\_\_\_\_

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Parents/guardians are responsible for providing suitable sunscreen for the Participant. In the event you forget to provide sunscreen for the Participant, do you give your consent to Program staff to apply sunscreen on the Participant identified herein? Yes No (circle one)

I/WE UNDERSTAND THAT MY/OUR AUTHORIZATION HEREIN DOES NOT CREATE A DUTY ON BEHALF OF THE DISTRICT TO PROVIDE OR APPLY SUNSCREEN TO THE PARTICIPANT. THE GVR METROPOLITAN DISTRICT RESERVES THE RIGHT TO REFUSE TO TAKE ANY PARTICIPANT ON ANY OUTDOOR EVENT OR FIELD TRIP IF SUITABLE SUNSCREEN IS NOT PROVIDED BY THE PARTICIPANT'S PARENTS/GUARDIANS.

**A CERTIFICATE OF IMMUNIZATION (OR EXEMPTION CERTIFICATE), INCLUDING MONTH AND YEAR OF EACH IMMUNIZATION, MUST BE PROVIDED TO THE DISTRICT WITH THIS FORM AT OR BEFORE THE START OF THE PROGRAM.**

**MEDICAL AUTHORIZATION**

I/WE HEREBY GIVE THE GVR METROPOLITAN DISTRICT WINTER CAMP STAFF PERMISSION TO OBTAIN EMERGENCY MEDICAL OR SURGICAL CARE FOR THE CHILD NAMED ABOVE SHOULD THE NEED ARISE.

I/WE UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO LOCATE ME/US BEFORE EMERGENCY ACTION WILL BE TAKEN; BUT, IF THIS IS NOT POSSIBLE, THE EXPENSES OF EMERGENCY MEDICAL TREATMENT OR CARE WILL BE MY/OUR SOLE RESPONSIBILITY. THE GVR METROPOLITAN DISTRICT WILL NOT BE RESPONSIBLE FOR THE COST OF EMERGENCY MEDICAL TRANSPORT, TREATMENT, OR CARE.

IN CASES WHEN (911) EMERGENCY CREWS RESPOND, I/WE GIVE TO THOSE RESPONDING, PERMISSION TO USE THEIR SKILL AND TRAINING TO DO WHATEVER IS NECESSARY TO TRY TO SAVE THE LIFE OF MY/OUR CHILD. I/WE AGREE TO BE RESPONSIBLE FOR THIS EXPENSE INCLUDING TRANSPORTATION TO THE HOSPITAL BY AMBULANCE IF THIS SHOULD BE NECESSARY. I UNDERSTAND THAT THE GVR METROPOLITAN DISTRICT WILL NOT BE RESPONSIBLE FOR THE COST OF EMERGENCY MEDICAL TRANSPORT, TREATMENT, OR CARE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN

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2009 YOUTH/TEEN SUMMER PARTICIPATION FORM  
(ONLINE DOCUMENTS)

Participant's Name: \_\_\_\_\_

I do not want the above-named participant to participate in the following activities today (please check all that apply):

- Cooking
- Arts & Crafts
- Science
- Games & Fitness
- Reflections
- Reading
- Swimming
- Today's Field Trip
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name