

ZOMBIE SURVIVAL CAMP

Come and join our expert team of survivalists to learn the skills and techniques on how to survive a zombie outbreak. Your child will learn the basics of survival by practicing the use and techniques of water purification, DNA experiments, smokeless fire, tracking, orienteering and how to build your own bow and arrow. Be warned that a "zombie" attack can happen at any point, do you have what it takes to protect Camp Woodland?

Early registration deadline is July 22. Regular registration deadline is August 5.

Age: 7-13 yrs
Date: August 24-26
Time: 8:30am to 5:30pm
Location: Woodland Camp Center
Cost: \$130 (early) \$140 (regular)
Info: 758-7975 OR awells@kalispell.com

Minimum of 15 participants & maximum of 65 participants daily.

Must be paid in FULL to be registered. You are responsible to reach out with payment.

Registrations can be emailed to the address above and payment taken over the phone once we have received the completed form. Registrations can be mailed to P.O. Box 1997, Kalispell, MT 59903 (must be postmarked by deadline) , dropped off at our office on 306 First Avenue East, or faxed to 406-758-7719. Please make checks payable to Kalispell Parks and Recreation (KPR).

Child's Name _____ Gender _____ Age _____

Parent or Guardian Name _____

Address _____ City _____ Zip _____

Phone _____ E-mail _____

Medical information _____

T-Shirt size (Check) Youth: Adult:
 XS S M L XL S M L

I, the parent/Guardian of the above named participant, hereby give approval for my child to participate in Zombie Survival Camp and assume all risks and hazards incidental to the conduct of the activity. I hereby release, absolve, indemnify, and hold harmless the City of Kalispell, busing, the organizers, sponsors, supervisors, employees, representatives, and, or all of them, for any injuries my child may sustain as a participant in summer camp. (All participants are involved at their own risk. Any registration fee paid does not provide insurance.)

Office Use Only
Receipt # _____
Amount _____
Date _____
By _____

Legal Guardian's Signature _____ Date _____