

# Kalispell Parks and Recreation

# CAMP WOODLAND



## Summer Day Camp

For more info or to email the registration form, please email awells@kalispell.com or call 758-7975.

Child's First and Last Name:

Age:

Gender:

Grade just completed:

Medical Information:







M

F

Parent/Guardian:

E-Mail:



Work Phone:

Cell Phone:



Address:

Emergency Contact Name:

Emergency Contact Cell Phone:



### People Authorized to Pick-Up:

Name & Relationship To Child:

Phone Number:







### Days Enrolled:

	M	T	W	Th	F		M	T	W	Th	F
Week One: 6/13-6/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week Six: 7/18-7/22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Two: 6/20-6/24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week Seven: 7/25-7/29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Three: 6/27-7/1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week Eight: 8/1-8/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Four: 7/4-7/8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week Nine: 8/8-8/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week Five: 7/11-7/15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Week Ten: 8/15-8/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, the parent/guardian of the above named participant, hereby give approval for my child to participate in summer 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, 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.)

I HAVE READ AND UNDERSTAND THE POLICIES IN THE PARENT INFORMATION PACKET

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the following box if you do not want us to use photographs of your child for advertising purposes.

