

Dumas Wesley Community Center 2023 Camp Blue Lake Andalusia, Alabama

Date: July 17 - July 21, 2023 Registration Deadline: June 15, 2023

15 available slots on a first-come, first-served basis

ALL information and money must be turned in together.

Please turn in application with payment into the Admin Office Mon-Fri 9am-4pm

Criteria:

- Must be a resident or working in Crichton (36607 zip code)
- Must have proof of the child's age (birth certificate, blue card, etc.)
- Must have proof of residence or that you work in Crichton (recent utility bill or recent paycheck stub)
- Children between the ages of 8-15

Fee for each child: \$150.00 cash or money order only. Must be paid at time of application submission.

Items needed for each child: Please label all items with your child's name

Twin fitted mattress sheet

Sleeping bag

Pillow/Pillow case

Swim Suit Hair brush

Shower Flip Flops

Tennis Shoes (nothing fancy they will get wet/dirty)

Towels

Wash Cloths

Deodorant

Toothbrush/Toothpaste

Socks

Soap

Bible

Insect Repellant

Sun Screen

Water Bottle

Flashlight w/batteries

Snacks/Juice for ride on bus

Medicine: There is a nurse who will dispense all medications. Please make sure you fill out the Blue

Lake medical form

*No money or electronics allowed

Dumas Wesley Community Center 2023 Camp Blue Lake

Parent's/Guardian's Name:		
Work #		
Which phone number is best to reach	you during the day?	
Cell Home Work or All phone numbers need to be curr Email	ent and up to date	
Number of children that will attend:		
List the name and age of each child:		
1	Age:	Did they attend last year:
2	Age:	Did they attend last year:
3	Age:	Did they attend last year:
4	Age:	Did they attend last year:
5	Age:	Did they attend last year:
Emergency Contact: (Other than p	arent/guardian)	
Name:		
Home #:		
Work #:		
Email address:		
Relationship to child:		
Name of child(ren) taking medication	ns:	
What medications does your child(rea	n) take?	

Name of child(ren) with special needs:	
Please explain?	
Who is your child's doctor?	Doctor phone #:
	Doctor phone #: at or take your child to the nearest hospital? Yes
No Which hospital do you prefer?	
Dumas Wesley Community Center Bus / Van Rules:	
 The bus driver is in <u>CHARGE</u> and shall be respected. Students must talk softly Students must remain seated at all times. Students must keep their body parts out of the ais windows. Students shall <u>NOT</u> use profane language. Students shall not fight, scuffle or talk loud. Students shall not throw anything out the windows. No electronic devices (cell phones, pagers, games) 	sle and keep all body parts to themselves and out of the vs. s, etc.) allowed on the bus at any time. If anyone is
found using an item it can be picked up at the end be being	nd of the day.
Dumas Wesley Community Center has a zero toler:	ance policy concerning respect for staff, peers, guests of tolerate fighting, bullying or any other inappropriate
If your child is acting out inappropriately he or she written up a parent will be notified and will be given	
	without a warning or write up. If your child is expelled iately. If they are expelled for the remainder of camp
I have read and understand the rules for Camp Blue	e Lake.
Parent Signature	Date

Camp Blue Lake Parental/GuardianConsent Form and Liability Waiver

Participant(s) Name:	Date of Birth:	
Parent/Guardian's Name:		
	Cell Phone:	
	 Email:	
I, (Parent/Guardian)	, grant permission for my child (ren)	, to
participate in this Dumas Wesley Con	nmunity Center-sponsored event that requires transportation to a location away fro	m the
Dumas Wesley Community Center. T	his activity will take place under the guidance and direction of the Dumas Wesley	
Community Center employees and/or	volunteers.	
	ocation: e Lake Conecuh National Forest, 8500 Oakwood Ln, Andalusia, AL 36420 Mode community Center's school bus and/or van	of transportation
Medical Matters: I hereby warrant that to the best of my child.	y knowledge, my child is in good health, and I assume all responsibility for the hea	alth of my
treatment.	y give permission to transport my child to a hospital for emergency medical or surg ner treatment by the hospital or doctor. In the event of an emergency and you are ur net:	
Name:		
	Phone:	
Doctor:	Phone:	
Specific Medical Information:		
Allergic reactions (medications, food	ls, plants, insects, etc.):	
Physical limitations:		
participant. I agree on behalf of my defend the Dumas Wesley Commun the event, from any and all actions, or in connection with my child atter in connection therewith, and I agree Chaperons, or representatives assoc	remain legally responsible for any personal actions taken by the above named self, my child named herein, or our heirs, successors and assigns, to hold harmity Center, its staff, directors and agents, chaperons, or representatives associ claims, demands, damages, costs, expenses and all consequential damage aris nding the event or in connection with any illness or injury or cost of medical to to compensate the Dumas Wesley Community Center, its staff, directors and ciated with the event for reasonable attorney's fees and expenses arising therever.	mless and iated with sing from reatment I agents,
Signature:	Date:	

We are here to ensure your child has a safe and enjoyable summer. Please help staff by ensuring your child is prepared every day! If you have anyuestions or concerns please feel free to email Allie Smalling at asmalling@dumaswesley.org or call 251.479.0649.