



**Dumas Wesley Community Center
2024 Camp Blue Lake
Andalusia, Alabama**

Date: July 15 - July 19, 2024

Registration Deadline: June 17, 2024

14 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 reside or work in Crichton (36607 or 36617 zip code)
- Must have proof of the child's age (birth certificate, blue card, etc.)
- Must have proof of residence or that you work or live in Crichton (recent utility bill or recent paycheck stub)
- Children between the ages of 8-15

Fee for each child: \$160.00 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
2024 Camp Blue Lake

Parent's/Guardian's Name: _____

Address: _____

Cell # _____

Home # _____

Work # _____

Which phone number is best to reach you during the day?

____ Cell ____ Home ____ Work or Alternate **All phone numbers need to be current and up to date**

Email _____

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 parent/guardian)

Name: _____

Address: _____

Cell #: _____

Home #: _____

Work #: _____

Email address: _____

Relationship to child: _____

Name of child(ren) with allergies: _____

What are their known allergies? _____

Name of child(ren) taking medications: _____

What medications does your child(ren) take? _____

Name of child(ren) with special needs: _____

Please explain? _____

Who is your child's doctor? _____ Doctor phone #: _____

If your child is injured do you give us permission to treat or take your child to the nearest hospital? Yes _____

No _____

Which hospital do you prefer? _____

Dumas Wesley Community Center Bus / Van Rules:

1. The bus driver is in **CHARGE** and shall be respected at all times!
2. Students **must** talk softly
3. Students **must** remain seated at all times.
4. Students **must** keep their body parts out of the aisle and keep all body parts to themselves and out of the windows.
5. Students shall **NOT** use profane language.
6. Students shall not fight, scuffle or talk loud.
7. Students shall not throw anything out the windows.
8. No electronic devices (cell phones, pagers, games, etc.) allowed on the bus at any time. If anyone is found using an item it can be picked up at the end of the day.

Disciplinary Rules:

Dumas Wesley Community Center has a **zero tolerance policy** concerning respect for staff, peers, guests and children attending Camp Blue Lake. We will not tolerate fighting, bullying or any other inappropriate behavior during camp.

If your child is acting out inappropriately he or she may be subject to a write up. If the child has to be written up a parent will be notified and will be given a copy of the infraction.

The Director may expel a child for justified reasons without a warning or write up. If your child is expelled for any reason their parent will be contacted immediately. If they are expelled for the remainder of camp fees will not be refunded.

I have read and understand the rules for Camp Blue Lake.

Parent Signature **Date**

Camp Blue Lake Parental/Guardian Consent Form and Liability Waiver

Participant(s) Name: _____ Date of Birth: _____

Parent/Guardian's

Name: _____

Home Address: _____ Cell Phone: _____

Alt. Phone Number: _____ Email: _____

I, (Parent/Guardian) _____, grant permission for my child (ren) _____, to participate in this Dumas Wesley Community Center-sponsored event that requires transportation to a location away from the Dumas Wesley Community Center. This activity will take place under the guidance and direction of the Dumas Wesley Community Center employees and/or volunteers.

2024 Camp Blue Lake Date and Location:

July 15– July 19, 2024 to Camp Blue Lake Conecuh National Forest, 8500 Oakwood Ln, Andalusia, AL 36420 Mode of transportation to and from camp: **Dumas Wesley Community Center's school bus and/or van**

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____ Phone: _____

Doctor: _____ Phone: _____

Specific Medical Information: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Physical limitations: _____

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Dumas Wesley Community Center, its staff, directors and agents, chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Dumas Wesley Community Center, its staff, directors and agents, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

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 questions or concerns please feel free to email Allie Smalling at asmalling@dumaswesley.org or call 251.479.0649.