



**Dumas Wesley Community Center**  
**2026 Camp Blue Lake**  
**Andalusia, Alabama**

**Date: July 13 - July 17, 2026**

**Registration Deadline: July 6, 2026**

*Camper Spots available on a first-come, first-served basis.*

*ALL paperwork and money must be turned in together.*

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

**Criteria:**

- Must 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: \$200 cash, money order, or online. Must be paid no later than July 6th, 2026.

Please note that the full cost of camp is \$305.00 per child, but Dumas Wesley works with donors to offset the cost to make camp more affordable for our families.

Items needed for each child (please label all items with your child's name):

Twin fitted mattress sheet

Socks

Sleeping bag

Soap

Pillow/Pillow case

Bible

Swim Suit

Insect Repellant

Hairbrush

Sunscreen

Shower Flip Flops

Water Bottle

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

Flashlight with batteries

Snacks/Juice for ride on bus

Towels

Medicine: There is a nurse who will dispense all

Washcloths

medications. Please make sure you fill out the Blue Lake

Deodorant

medical form

Toothbrush/Toothpaste

**\*No money or electronics allowed**

**Dumas Wesley Community Center**  
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Parents/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 to themselves and out of the windows.
5. Students shall **NOT** use profane language.
6. Students shall not fight, scuffle, or talk loudly.
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 electronic item, it will be collected and returned 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.

**2026 Camp Blue Lake Date and Location:**

July 13– July 17, 2026 to Camp Blue Lake, 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 treatment.

**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, chaperones, 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, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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](mailto:asmalling@dumaswesley.org) or call 251.479.0649.