

CLC Camp Registration

Please complete and return to the CLC

Fees are due at the time of registration. No registrations will be accepted without payment.



Christian Life Center

FUMC Dothan
1380 West Main St. Dothan, AL 36301
334 712-9223
www.fumcdathan.org

Adult/Guardian Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell _____ Work _____
Email _____

Participants Name _____ Grade _____ Gender _____

Dates for Camp: Dec.19,20,21,22,27,28,29 Time: 8 a.m. until 12 p.m. Cost: \$5 per day

Grades: K-6 Boys and Girls Limited to 35 campers

Please list any medical problems or allergies:

Emergency Contact _____
Relationship _____
Home Phone _____
Cell _____ Work _____

Liability Release

With this permission I understand that Dothan First United Methodist Church shall be held harmless from any suit, action, damages, or claims at law or otherwise, resulting from or arising out of any injury, accident, or illness which may befall _____ and/or his/her property while involved with CLC activities. The undersigned parent or guardian hereby authorizes church employees, or representatives to take such action as may be necessary for the medical care or treatment including the administration of medication, performing of surgery, or such other action as needed in the event of injury or illness of participant when parent or guardian cannot be reached for authorization. This authorization may be presented to medical personnel without liability of said personnel to seek further authority. In signing, I am also agreeing that my son/daughter's picture may be put on the church website, used in church publicity, or other digital or print media unless otherwise noted.

Parent/ Guardian Signature _____
Date _____