

# CAMP TOUCHET

## 2025 YOUTH CAMP STUDENT REGISTRATION

Columbia Basin Baptist Association



Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade just completed: \_\_\_\_\_ Phone #: \_\_\_\_\_

Church you are attending camp with: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

**YOUTH Camp 2025 (Completed Grades (7-12)**

**(in some cases 6th grade)**

**July 14—18 (Registration due date – June 30)**

**Cost is \$180.00**

Note to:  
Camp Staff & Counselors  
This form is for student  
campers, contact your church  
office or the CBBA for a  
Staff/Counselor Application to  
serve at CBBA Camps

*Please indicate a shirt size*

**T-Shirt Sizes**  
(Shirts are adult sizes)

\_\_\_\_ Small      \_\_\_\_ Medium

\_\_\_\_ Large      \_\_\_\_ X-Large

\_\_\_\_ XX-Large

**For Office Use:**

Deposit Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Ck# \_\_\_\_\_

Balance Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Ck # \_\_\_\_\_

Medical Form Rcvd: \_\_\_\_\_

### Keep This Bottom Section For Your Information

**Camp Cost is \$180.00** A \$10 registration fee (deposit) and your Medical Release form must accompany this form and is refundable up to seven days before camp. The remaining amount is due the day of camp at check-in.  
Make checks payable to Columbia Basin Baptist Association (CBBA). Please turn forms & fees into your local CBBA church as churches arrange transportation to and from camp.

#### What to Bring:

A sack lunch for first day (Check-in begins @ 12:30pm)  
Sleeping Bag or bedroll and pillow  
Washcloths and Towels  
Toiletries (soap, shampoo, toothbrush, deodorant, etc.)  
Bible, paper and pencil  
Personal Water Bottle  
Clothes: Enough clothes for a week and a  
Warm Coat (for the cool evenings) and  
River Shoes (flip flops & crocs don't work in the river)

It is always a good idea to bring a flashlight

#### What Not to Bring:

You won't need your electronic device, camp has no cell or wi-fi service.  
Of course no: Alcohol, tobacco products, fireworks, weapons

A bad attitude, you will want to leave that at home

*Clothing & items left at camp will be deposited at the CBBA office for pick up.*

**\*\* Check out the Camp Touchet website for FAQ about CBBA Summer Camps. [www.camptouchet.org](http://www.camptouchet.org)**

**Get registration forms in as early as possible. The camp has a capacity of 110 people that can be housed. If registration goes over this capacity, the last registrations received will need to supply their own shelter (tents).**

**Camp Touchet:** (509) 382-4585 (Emergency Only) 1130 N. Touchet Road, Dayton, WA 99328  
**Columbia Basin Baptist Association:** (509) 735-4622 [office@columbiabasinbaptist.net](mailto:office@columbiabasinbaptist.net)  
2537 W. Falls Ave., Kennewick, WA 99336

# CAMP TOUCHET MEDICAL FORM

## Columbia Basin Baptist Association

*This form is to be filled out by parents. Do not leave any areas blank.*

Camp Touchet: (509) 382-4585 (Emergency Only)  
Camp Touchet Address: 1130 N Touchet Road, Dayton, WA 99328  
CBBA: (509) 735-4622 office@columbiabasinbaptist.net  
Address: 2537 W Falls Ave., Kennewick, WA 99336

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Camper's Church: \_\_\_\_\_

Father's Name & Phone #'s: \_\_\_\_\_

Mother's Name & Phone #'s: \_\_\_\_\_

In Case of an emergency and parents cannot be reached, please notify: Name: \_\_\_\_\_

Cell or Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Last four digits of Social Security #: \_\_\_\_\_

### MEDICAL HISTORY:

Please place a check after those that apply:

Asthma\_\_\_ Athletes Foot\_\_\_ Fainting\_\_\_ Heart Trouble\_\_\_ Rheumatic Fever\_\_\_ Diabetes\_\_\_ Bee Sting Allergy\_\_\_ Seizures/Convulsions\_\_\_

Other Conditions: (Please Specify) \_\_\_\_\_

List all Food and Drug Allergies: (please state severity and response to each allergen) \_\_\_\_\_

*Note: While we take every precaution to accommodate specific dietary requirements and minimize the risk of cross-contact, we must inform you that our kitchen handles a wide variety of ingredients. Despite our best efforts, we cannot guarantee that cross-contact with allergens will not occur.*

Has camper had appendix out? \_\_\_\_\_ Are camper's immunizations up to date? \_\_\_\_\_ Is camper subject to sleep walking? \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Is camper on any medication now? \_\_\_\_\_

Please list all medications your child takes daily with the dosage and time medication is to be given. Be as specific as possible.

**Medications must be in original container with child's name, physicians name, name of medication with directions.**

Medications not listed will not be given. Contact the CBBA if your child adds a medication after this form has been completed.

What medication does your child normally take for Aches & Pains? \_\_\_\_\_ Headaches? \_\_\_\_\_

Upset Stomach? \_\_\_\_\_ Sore Throat? \_\_\_\_\_ Other? \_\_\_\_\_

I give permission for camp staff to administer common OTC medication to my child, such as Tylenol, Advil/Ibuprofen, Cough Drops, Pepto-Bismol, etc...as needed unless otherwise stated here: \_\_\_\_\_

Any other medical conditions not mentioned: \_\_\_\_\_

The signature below grants permission for basic first aid treatment by camp staff and any other emergency intervention through the local hospital to \_\_\_\_\_ while he/she is attending Camp Touchet. The Association's camper

insurance covers **Accidents only** and is **secondary** to your own coverage. I give permission for my child to be photographed.

I, the undersigned, verify all the information on this form is correct to the best of my knowledge.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return forms to your local CBBA Church if possible or to Columbia Basin Baptist Association.** Revised 2025