

# CAMP TOUCHET

## 2023 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 2023** (Completed Grades 7-12)  
**July 17 - 21** (Registration due date – July 3)

**Cost is \$175.00**

*Please indicate a shirt size*

<b>T-Shirt Sizes</b>			
(Shirts are adult sizes)			
___ Small	___ Medium	___ Large	___ X-Large
___ Large	___ X-Large	___ XX-Large	

**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

**For Office Use:**

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

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

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

**Keep This Bottom Section For Your Information**

**Camp Cost is \$175.00** 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 Monday (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: (Please label all clothes so they can be returned)
  - Enough clothes for a week and a
  - Warm Coat (for the cool evenings) and
  - River Shoes (no flip flops in the river)

It is always a good idea to bring a flashlight

**What Not to Bring:**

- Ipod, MP3, CD Player, Cell Phone, any electronic device
- Alcohol, Tobacco products, Fireworks
- T-shirts with inappropriate ads
- Tank tops, Halter tops, Spaghetti straps, all shirts need to have sleeves
- A bad attitude, you will want to leave that at home

*Clothing & items left at camp will be deposited at the CBBA office for immediate 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 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) \_\_\_\_\_

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 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

Camper's Name

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 2019