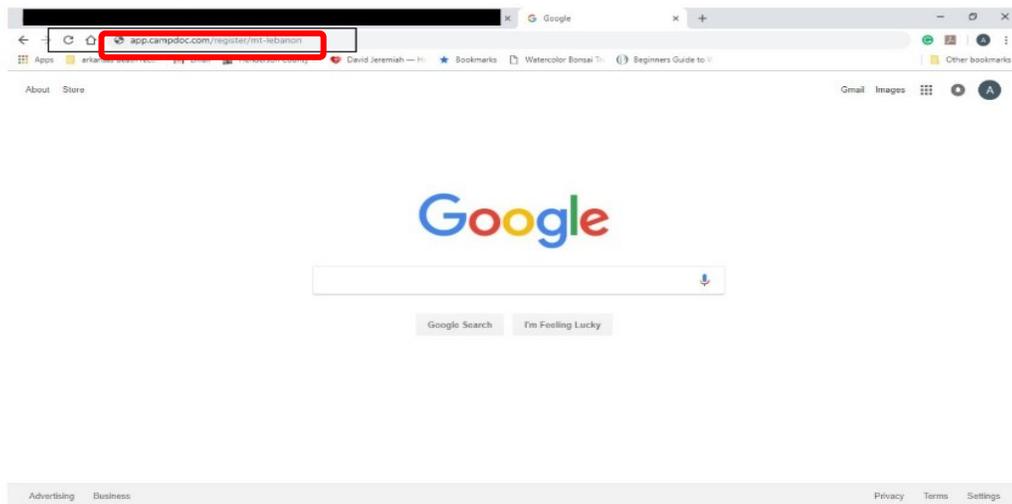
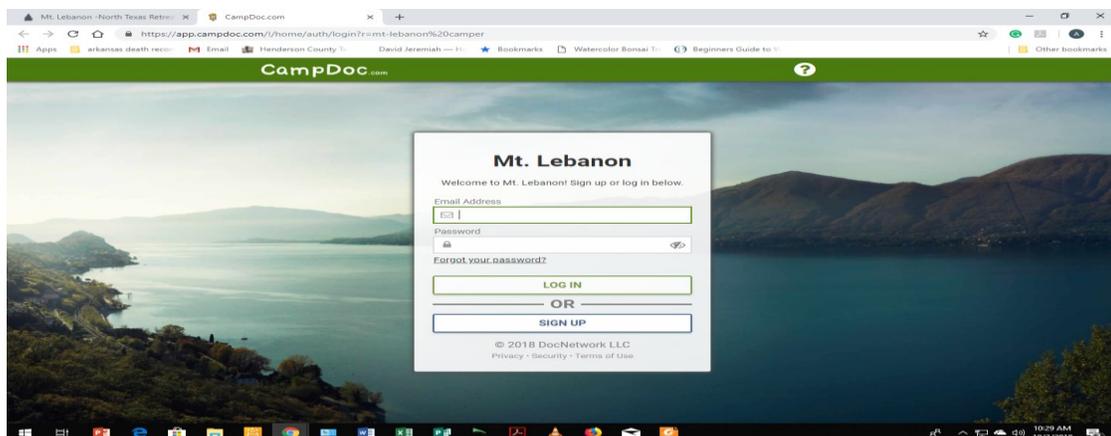


## How to Register for Camp

1. To have the best experience registering, please use a computer and the Google Chrome web browser. You can use a mobile device but the process might take a little longer.
2. Type in your address bar, **app.campdoc.com/register/mt-lebanon**



3. If you already have a CampDoc account, type in your email address and password then click “Log In”. Click the “Sign Up” button if you do not have a CampDoc account. You will then enter an email address and create a password.



4. Verify or type in your contact information, your phone number, mailing address, (everything that has an asterisk) and then click update.

Secure | <https://app.campdoc.com/l/home/user-settings/473352/information>

Apps | Print Server | Bum ban | Weather | Mt. Lebanon | CampDoc.com Elect

**CampDoc.com** User Settings / About You Health Center

**About You**

If you want to change the name, email, phone or address associated with your CampDoc.com account, you may do so below. If you are using CampDoc.com for someone other than yourself (e.g. your child), please do not enter their information here.

\* First Name: Health

\* Last Name: Center

\* Email Address: healthcenter@mtlebanoncamp.com

\* Phone Number: 9034133015

\* Mailing Address: Enter a location

SAVE

5. Click “+ New Participant” if registering another camper or adult. If not, then go on to the next step.

**CampDoc.com** Participants at Mt. Lebanon Test Account

Amanda Hammers

Test Registration

Tom Cat

+ NEW PARTICIPANT

**New participant**

Tell us about your participant for Mt. Lebanon

\* First Name: Middle Name: \* Last Name:

\* Sex: Sex \* Date of Birth: Month Day Year

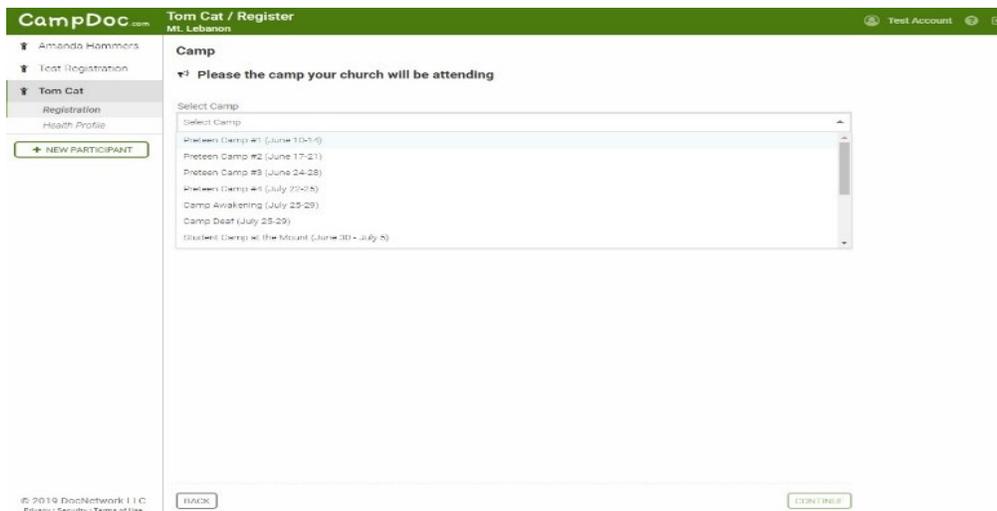
CONTINUE

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6. Click “Register for a New Session.”



7. Click on the drop down menu, scroll down and select the date you will be attending camp, and click “Continue.”



- Scroll down and select the church you will be attending camp with, and then click “Continue.”

**CampDoc.com** Tom Cat / Register  
Mt. Lebanon

Amanda Hammers  
Test Registration  
Tom Cat  
Registration  
Health Profile  
NEW PARTICIPANT

**Select Sessions**

Search all 19 available sessions

**Preteen Camp #4 (July 22-25, 2019) (CAMPER)** SELECT ALL

<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » Oakland Heights Baptist Church	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » Arapaho Road Baptist Church	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » Calvary Rd. Baptist Church	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » Central Baptist Church	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » Crestview Baptist Church	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » Dallas County Cowboy Church	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » FBC Greenwicks	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » FBC Hewitt	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » FBC Kilgore	Jul 22, 2019 - Jul 25, 2019	1350 spaces left
<input type="checkbox"/>	Preteen Camp #4 (July 22-25, 2019) (CAMPER) » FBC Tom Bean	Jul 22, 2019 - Jul 25, 2019	

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BACK CONTINUE

- Read through and choose whether or not you want to add the Protection Plan (this is through CampDoc not Mt. Lebanon Baptist Camp). Click continue after choosing yes or no for the protection plan.

**CampDoc.com** Tom Cat / Register  
Mt. Lebanon

Amanda Hammers  
Test Registration  
Tom Cat  
Registration  
Health Profile  
NEW PARTICIPANT

**Protection Plan**

Protect Tom and their upcoming trip with a protection plan through CampDoc.com.

- Cancellation and Interruption.** Prepaid deposits and non-refundable travel arrangements can be covered in case of cancellation or interruption, sickness or injury, or in the event a parent loses their job.
- Emergency Medical Expenses.** Participants will also be eligible for **first payer coverage** with no deductibles for emergency medical expenses during international and domestic trips, in case of sickness, accidents, evacuation, and transportation home.

Want to see more? Go to [www.campdoc.com/protection-plan](http://www.campdoc.com/protection-plan) for additional information and a summary of the plan details.

If you are flying and want to protect your airfare, just enter the amount of your airline ticket below.

Maximum insurable trip cost up to \$10,000. If you wish to include add-ons, adjust your tuition below to reflect the correct dollar amount. Please note that coupons are not covered through the protection plan.

SESSION	TUITION	TRANSPORTATION	INSURED AMOUNT	PLAN COST
Preteen Camp #4 (July 22-25, 2019) (CAMPER) » FBC Tom Bean Baptist Church (4 days)	\$ 0.00	\$ 0.00	\$0.00	\$27.00
<b>Totals</b>			<b>\$0.00</b>	<b>\$27.00</b>

A Protection Plan will insure \$0.00 for the sessions listed above. Would you like to purchase a Protection Plan today for only \$27.00?

BACK CONTINUE

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10. Ignore the term “tuition” (this is something that can’t be removed from CampDoc). **You will not pay anything through CampDoc unless you sign up for the Protection Plan.** Click “Register”.

CampDoc.com Tom Cat / Register  
Mt. Lebanon

Confirmation

Transactions

ITEM	AMOUNT
TUITION Prattown Camp #4 (July 23-25, 2019) (CAMPER) + Hillcrest Baptist Ch...	\$0.00
<b>Total:</b>	<b>\$0.00</b>
	<b>Due now: \$0.00</b>

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BACK REGISTER

11. A small pop-up window will appear saying you’ve successfully registered for Mt. Lebanon. However, you won’t be fully registered until you complete the Health Profile. Click “Close,” and then read the information about filling out the Health Profile before clicking “Continue.”

CampDoc.com Tom Cat / Health Profile  
Mt. Lebanon

Health Profile

Welcome to the Health Profile for Tom Cat! For camp specific questions, please contact Amber Emery at 972-291-7156 or [aemery@mtlebanoncamps.com](mailto:aemery@mtlebanoncamps.com)

Here are some tips to get you started:

- Your answers will save as you type them. You do not have to complete the entire health profile at once.
- You can navigate between questions by clicking on the question number. You may also jump between questions by clicking on the question number in the bottom of the page. You
- The health profile for
- If there are any changes to your health profile, you may update
- On **July 23, 2019** the health profile, you may update unless approved by Mt. Lebanon.

Successfully Registered Tom for Mt. Lebanon

Click below to tell your friends and followers.

Facebook Twitter

Close

NaN% Complete

CONTINUE →

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**CampDoc.com** Test Registration / Health Profile  
Mt. Lebanon

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

NEW PARTICIPANT

**Health Profile**

Welcome to the Health Profile for Test Registration! For camp specific questions, please contact Amber Emery at 972-291-7156 or aemery@mtlebanoncamps.com

Here are some tips to get you started:

- Your answers will save as you type them. You do not have to complete the entire health profile at once.
- You can navigate between steps by clicking the **Previous Step** or **Next Step** buttons at the bottom of the page. You may also jump between steps by clicking the step names on the right of the page.
- The health profile for Test should be completed by **July 23, 2019**
- If there are any changes to the information for Test after you have completed this health profile, you may update their records through **July 22, 2019**.
- On **July 23, 2019** this profile will be locked and you will not be able to make further changes unless approved by Mt. Lebanon.

20% Complete

CONTINUE

**Test Registration**  
Dec 9, 2019

- Contact Information
- Insurance & Physician Information
- General Health Information
- Medications
- Authorizations

DATES  
Due: July 23, 2019  
Lockout: July 23, 2019

CONTACT  
Amber Emery  
972-291-7156  
aemery@mtlebanoncamps.com

PRINT

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12. Fill out your contact information: address, general information, parent/legal guardian (if registering a camper), and emergency contact information. **Make sure every field that has an asterisk (\*) has been filled out.** Click “Next Step.”

**CampDoc.com** Test Registration / Health Profile  
Mt. Lebanon

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

NEW PARTICIPANT

**Contact Information**

Address

\* Street Address

\* City

\* State

\* Zip Code

General Information

\* Grade Camper Just Completed

20% Complete

NEXT STEP

**Test Registration**  
Dec 9, 2019

- Contact Information
- Insurance & Physician Information
- General Health Information
- Medications
- Authorizations

DATES  
Due: July 23, 2019  
Lockout: July 23, 2019

CONTACT  
Amber Emery  
972-291-7156  
aemery@mtlebanoncamps.com

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**CampDoc.com** Test Registration / Health Profile  
Mt. Lebanon

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

NEW PARTICIPANT

**General Information**

\* Grade Camper Just Completed

\* Name of church Camper or Adult is attending camp with?

\* T-shirt Size

Parent/Legal Guardian

\* Name

\* Relationship

\* Email Address

20% Complete / Last saved a few seconds ago

NEXT STEP

**Test Registration**  
Dec 9, 2019

- Contact Information
- Insurance & Physician Information
- General Health Information
- Medications
- Authorizations

DATES  
Due: July 23, 2019  
Lockout: July 23, 2019

CONTACT  
Amber Emery  
972-291-7156  
aemery@mtlebanoncamps.com

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CampDoc.com Test Registration / Health Profile  
Mt. Lebanon

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

NEW PARTICIPANT

Relationship  
father

Email Address  
jacoblow@youthdaycamps.com

Cell Phone Number  
9722917156

Emergency Contact

Name  
Jane Doe

Relationship  
mother

Cell Phone Number  
9722917156

Test Registration  
Dec 9, 2009

Contact Information

Insurance & Physician Information

General Health Information

Medications

Authorizations

DATES  
Due: July 23, 2019  
Lockout: July 23, 2019

CONTACT  
Amber Emery  
972-201-7155  
amber@youthdaycamps.com

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40% Complete / Last saved a few seconds ago

NEXT STEP

13. The “Insurance & Physician Information” section is optional.

CampDoc.com Test Registration / Health Profile  
Mt. Lebanon

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

NEW PARTICIPANT

Insurance & Physician Information

Is the participant covered by healthcare insurance?  
Yes No

Primary Care Physician

Name of Primary Care Physician

Phone Number

Test Registration  
Dec 9, 2009

Contact Information

Insurance & Physician Information

General Health Information

Medications

Authorizations

DATES  
Due: July 23, 2019  
Lockout: July 23, 2019

CONTACT  
Amber Emery  
972-201-7155  
amber@youthdaycamps.com

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PREVIOUS STEP

40% Complete / Last saved a minute ago

NEXT STEP

14. Answer the “General Health Information” questions. If you select “Yes” for the Health Center staff to give your child/student over-the-counter medications (OTC) if needed, select “Yes” or “No” for each medication listed. Fill out the information about any allergies you have. If you do have allergies, list what you are allergic to, the reaction, and if you are at risk for anaphylaxis. **Make sure you click “SAVE ALLERGY” otherwise that information will not be saved!** You can add as many allergies as needed. Click “Next Step.”

CampDoc.com
Test Registration / Health Profile  
Mt. Lebanon
Test Account

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

NEW PARTICIPANT

### General Health Information

\* Does the participant have any health concern/issue that would be relevant to an attending physician in the case of an emergency?

Yes  No

---

\* Does the participant have any chronic or recurring illnesses or diseases?

Yes  No

---

\* Does the participant have any pre-existing injuries which occurred BEFORE attending camp?

Yes  No

---

\* May the camp's health supervisor, or other health center staff, administer non-prescription, over-the-counter medications to your child based on symptoms (not a diagnosis)? (For example, but not limited to, Tylenol or Advil/Motrin, for mild fever or pain; Benadryl or Claritin, for allergy symptoms; Pepto-Bismol, for diarrhea; cortisone cream, for bug bites; calamine, for poison ivy, and so on.)

Yes  No

---

\* Has your child been treated for, or diagnosed with any mental illness disease that may cause mild to severe disturbances in thinking, feeling, and behavior?

Yes  No

### Allergies

### Test Registration

Dec 9, 2009

Contact Information

Insurance & Physician Information

General Health Information

Medications

Authorizations

DATES

Due: July 23, 2019

Lockout: July 23, 2019

CONTACT

Amber Emery  
972-291-7156  
amber@mtlebanoncamp.com

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PREVIOUS STEP
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NEXT STEP

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Test Registration / Health Profile  
Mt. Lebanon
Test Account

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

NEW PARTICIPANT

Yes  No

\* May the camp's health supervisor, or other health center staff, administer non prescription, over the counter medications to your child based on symptoms (not a diagnosis)? (For example, but not limited to, Tylenol or Advil/Motrin, for mild fever or pain; Benadryl or Claritin, for allergy symptoms; Pepto-Bismol, for diarrhea; cortisone cream, for bug bites; calamine, for poison ivy, and so on.)

Yes  No

### OTC Medications

\* Acetaminophen (Tylenol)

Yes  No

\* Aleve

Yes  No

\* Aloe

Yes  No

\* Antibiotic Ointment (Bacitracin, Neosporin)

Yes  No

\* Aspirin

Yes  No

\* Bismuth Subsalicylate (Pepto-Bismol, Kaopectate)

Yes  No

\* Calamine Lotion

Yes  No

\* Cream/ Ointment (Vaseline)

### Test Registration

Dec 9, 2009

Contact Information

Insurance & Physician Information

General Health Information

Medications

Authorizations

DATES

Due: July 23, 2019

Lockout: July 23, 2019

CONTACT

Amber Emery  
972-291-7156  
amber@mtlebanoncamp.com

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NEXT STEP

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Test Registration / Health Profile  
Mt. Lebanon
Test Account

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

NEW PARTICIPANT

### Allergies

\* Does Test have food allergies?

Yes  No

**New Food Allergy**

\* Allergic to...

\* Reactions

\* Risk for Anaphylaxis?

Yes  No

\* Does Test have drug allergies?

Yes  No

\* Does Test have environmental allergies?

Yes  No

### Test Registration

Dec 9, 2009

Contact Information

Insurance & Physician Information

General Health Information

Medications

Authorizations

DATES

Due: July 23, 2019

Lockout: July 23, 2019

CONTACT

Amber Emery  
972-291-7156  
amber@mtlebanoncamp.com

PRINT

PREVIOUS STEP
40% Complete / Last saved 6 minutes ago
NEXT STEP

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15. Answer “yes” or “no” if you or your child/student take medications. If yes, then list what medication, the strength of the medication, the dosage, etc. Choose the frequency the medication is to be given, what times, if the medicine is to be given every day or as needed. Answer why you take this medication, and if you will be bringing it to camp. You can also list any special instructions if needed. **Make sure you click “SAVE NEW MEDICATION” or that information will not be saved!** You can add as many medications as needed. Click “Next Step.”

**CampDoc.com** Test Registration / Health Profile  
Mt. Lebanon

Amanda Hammers  
Test Registration  
Registration  
Health Profile  
Protection Plan  
Tom Cat  
NEW PARTICIPANT

**Please Review**  
Mt. Lebanon requests that you review the information on this page and make any necessary updates. You may confirm that the information is up-to-date at the bottom of the page.

**Medications**

**CAMPER MEDICAL POLICY AND INSTRUCTIONS**

- All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
- All prescription and non-prescription medications must be presented to camp health center personnel upon arrival at Mt. Lebanon.
- All medications must be stored and dispensed from the camp health center (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
- Diabetics must bring a copy of their Diabetes Management Plan.
- Non prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
- EpiPens or emergency inhalers may be kept with the camper. (Please send an extra one to be kept in the health center) Health center personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
- List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the Medication Dosage and Frequency Chart.
- Place all medications in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written outside of the bag.

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PREVIOUS STEP 00% Complete / Last saved a few seconds ago NEXT STEP

**Test Registration**  
Dec 9, 2009  
Contact Information  
Insurance & Physician Information  
General Health Information  
Medications  
Authorizations  
DATES  
Due: July 23, 2019  
Lockout: July 23, 2019  
CONTACT  
Amber Emery  
972-201-7156  
amery@mtlebanoncamp.com  
PRINT

**CampDoc.com** Test Registration / Health Profile  
Mt. Lebanon

Amanda Hammers  
Test Registration  
Registration  
Health Profile  
Protection Plan  
Tom Cat  
NEW PARTICIPANT

8. Place all medications in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written outside of the bag.

\* Does Test take medications?  
 Yes  No

\* Medication Name  
\* Strength

\* Dose Quantity  
Numbers Only

\* Dose Form  
(Drop Down)

\* Frequency  
Daily

Times Given  
 Breakfast  Lunch  Dinner  Bedtime  
 As Needed

\* Dates to Give  
Continuously

\* Why does Test take this medication?

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PREVIOUS STEP 60% Complete / Last saved a few seconds ago NEXT STEP

**Test Registration**  
Dec 9, 2009  
Contact Information  
Insurance & Physician Information  
General Health Information  
Medications  
Authorizations  
DATES  
Due: July 23, 2019  
Lockout: July 23, 2019  
CONTACT  
Amber Emery  
972-201-7156  
amery@mtlebanoncamp.com  
PRINT

CampDoc.com
Test Registration / Health Profile
Test Account

**Test Registration**

Registration

Health Profile

Protection Plan

Turn Call

[+ NEW PARTICIPANT](#)

**Test Registration / Health Profile**

Mt. Lebanon

Zyrtec 0.345 mg/mL solution/ drops

\* Dose Quantity: 0.5 \* Dose Form: Capsule(s)

\* Frequency: Daily

Times Given:  Breakfast  Lunch  Dinner  Bedtime

As Needed

\* Dates to Give: Continuously

\* Why does Test take this medication?: seasonal allergies

\* Will Test be taking this medication at Mt. Lebanon?  Yes  No

Special Instructions

**Test Registration**

Dec 9, 2009

Contact Information

Insurance & Physician Information

General Health Information

Medications

Authorizations

DATES

Due: July 23, 2019

Lockout: July 23, 2019

CONTACT

Amber Emery

972-291-7156

amberem@stataccoc.org

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Test Registration / Health Profile
Test Account

**Test Registration**

Registration

Health Profile

Protection Plan

Turn Call

[+ NEW PARTICIPANT](#)

**Test Registration / Health Profile**

Mt. Lebanon

Scampers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.

- Diabetics must bring a copy of their Diabetes Management Plan.
- Non-prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
- EpiPens or emergency inhalers may be kept with the camper. (Please send an extra one to be kept in the health center) Health center personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
- List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the Medication Dosage and Frequency Chart.
- Place all medications in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written outside of the bag.

\* Does Test take medications?  Yes  No

**Zyrtec**

Strength: 0.345 mg/ml solution/ drops

Dosage: 0.5 capsule

Frequency: Breakfast

Times Given: Breakfast

Indication: seasonal allergies

Taking at Camp: Yes

**Test Registration**

Dec 9, 2009

Contact Information

Insurance & Physician Information

General Health Information

Medications

Authorizations

DATES

Due: July 23, 2019

Lockout: July 23, 2019

CONTACT

Amber Emery

972-291-7156

amberem@stataccoc.org

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80% Complete / Last saved a few seconds ago

16. If you are an adult or are registering an adult, please read through and answer the questions listed under “Confidential Information.”

The screenshot shows the 'Confidential Information' section of the CampDoc registration form for Amanda Hammers. The form contains five questions with 'Yes' and 'No' response buttons:

- Have you ever been convicted of, or pleaded guilty or no contest to any crime against any person, child, or vulnerable adult under federal law or the laws of any state or foreign country? (Buttons: Yes, No)
- Have you ever been convicted of, or pleaded guilty or no contest to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect in this state or any other state or foreign country? (Buttons: Yes, No)
- Are there any current criminal proceedings pending against you? (Buttons: Yes, No)
- Are you the subject of a child abuse or maltreatment report in this state or any other state or country? (Buttons: Yes, No)
- Have you ever had a lawsuit alleging actual or attempted sexual harassment, sexual exploitation, sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgment entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired? (Buttons: Yes, No)
- Have you ever been denied the opportunity to work with minors or vulnerable adults? (Buttons: Yes, No)

At the bottom of the form, it indicates '60% Complete / Last saved a few seconds ago' and includes 'PREVIOUS STEP' and 'NEXT STEP' buttons. The footer contains copyright information for DocNetwork LLC.

17. If you are a camper or are registering a camper, please read through the “Authorizations” page and electronically sign (by typing your name) at the bottom. Click “Accept Authorization.”

The screenshot shows the 'Authorizations' section of the CampDoc registration form for Tom Cat. The form is titled 'PARENT/LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY' and contains seven numbered sections:

- 1. ACKNOWLEDGMENT OF INHERENT RISKS**: I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Mt. Lebanon agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at Mt. Lebanon.
- 2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**: In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.
- 3. LIMITATIONS ON INSURANCE COVERAGE**: I understand that my family/personal health and accident insurance will be the primary coverage.
- 4. RELEASE AND HOLD HARMLESS AGREEMENT**: I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Mt. Lebanon.
- 5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT**: I hereby authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Mt. Lebanon health staff to render first-aid and to administer medications as prescribed and programmed on the Dosage & Frequency Chart, executed by the parent or guardian.
- 6. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES**: I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.
- 7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS**: The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/or camp staff, my child becomes a discipline problem, my child may be

At the bottom of the form, it indicates '80% Complete / Last saved a few seconds ago' and includes 'PREVIOUS STEP' and 'NEXT STEP' buttons. The footer contains copyright information for DocNetwork LLC.

**CampDoc.com** Test Registration / Health Profile  
Mt. Lebanon

Test Account

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

+ NEW PARTICIPANT

**3. LIMITATIONS ON INSURANCE COVERAGE**  
I understand that my family/personal health and accident insurance will be the primary coverage.

**4. RELEASE AND HOLD HARMLESS AGREEMENT**  
I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Mt. Lebanon.

**5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT**  
I hereby authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Mt. Lebanon health staff to render first-aid and to administer medications as prescribed and programmed on the Dosage & Frequency Chart, executed by the parent or guardian.

**6. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES**  
I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

**7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS** The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

**8. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES**  
I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

*I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.*

\* Your Name  
Joe Blow

\* Relationship  
father

ACCEPT AUTHORIZATION

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PREVIOUS STEP

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**Test Registration**  
Dec 8, 2019

Contact Information

Insurance & Physician Information

General Health Information

Medications

Authorizations

DATES  
Due: July 23, 2019  
Lockout: July 23, 2019

CONTACT  
Amber Emery  
972-291-7156  
amber@mtlebanoncamp.com

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18. If you are an adult or are registering an adult, please read through the “Adult Statement of Participation, Assumption of Risk, and Release of Liability” under the “Authorizations” page. Scroll all the way to the bottom to electronically sign your name (by typing) and then click “Accept Authorization.”

**CampDoc.com** Amanda Hammers / Health Profile  
Mt. Lebanon

Test Account

Amanda Hammers

Registration

Health Profile

Protection Plan

Test Registration

Tom Cat

+ NEW PARTICIPANT

**Authorizations**

**ADULT STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY**

**1. ACKNOWLEDGEMENT OF INHERENT RISKS**  
I certify that I am aware of the inherent risks associated with all camp activities, as well as, the inherent risks of being on camp property. Further, I hereby personally assume all risks in connection with my attendance and participation in the events at Mt. Lebanon.

**2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**  
In the event that I am injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to me.

**3. RELEASE AND HOLD HARMLESS AGREEMENT**  
I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, its trustees, employees, agents, and representatives from any claim by me, or by my family, estate, heirs or assigns out of my participation in activities at Mt. Lebanon.

**4. PRE-AUTHORIZATION FOR MEDICAL TREATMENT**  
If I am unable to make a decision on my own behalf regarding medical care, I authorize the Mt. Lebanon Health Center staff, the camp director, or group leader to make emergency medical decisions for me. I hereby authorize any medical and/or surgical treatment, including but not limited to hospital care to be rendered to me as needed in the judgment of the treating physician, who is chosen by my group leader, the camp director or any employee working under him/her, as circumstances require.

**5. LIMITATIONS ON INSURANCE COVERAGE**  
I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Mt. Lebanon for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/ med-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filed within 90 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

**6. CONSENT FOR CRIMINAL RECORD AND BACKGROUND CHECK BY CHURCH**  
I hereby authorize any appropriate organization and/or its designees, including the church I am attended with, or Mt. Lebanon to conduct a criminal record and a background/ reference check. A criminal record, as received from the reporting agencies, may include arrest and conviction information as well as plea bargains and deferred adjudication. I understand that this information will

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PREVIOUS STEP

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**Amanda Hammers**  
Feb 26, 1961

Contact Information

General Health Information

Medications

Confidential Information

Authorizations

DATES  
Due: June 11, 2019  
Lockout: June 11, 2019

CONTACT  
Amber Emery  
972-291-7156  
amber@mtlebanoncamp.com

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**CampDoc.com** Amanda Hammers / Health Profile  
Mt. Lebanon

Registration  
Health Profile  
Protection Plan  
Test Registration  
Tom Cat

**7. APPLICANTS STATEMENT, WAIVER, AND INDEMNITY**  
The information contained in this application and screening form is correct to the best of my knowledge. I authorize any reference to give any information that they have regarding my character and fitness to work with and supervise minors or vulnerable adults. In consideration of the receipt and evaluation of this form by the church I am attending with, Mt. Lebanon Encampment, or the Dallas Baptist Association, I hereby release any individual, church, charity, employer, reference or any person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form.

**8. USE OF PHOTOGRAPH FOR PROMOTIONAL PURPOSES**  
I agree and consent that my photograph may be used for promotional purposes or publicity material by Mt. Lebanon.  
Should my application be accepted, I agree to follow and be bound by the policies of Mt. Lebanon Encampment and the Dallas Baptist Association, and to refrain from unsporting conduct in the performance of my services on behalf of Mt. Lebanon Encampment and the Dallas Baptist Association.  
*By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.*

\* Your Name

ACCEPT AUTHORIZATION

**Amanda Hammers**  
Feb 28, 1981

- ✓ Contact Information
- ✓ General Health Information
- ✓ Medications
- ✓ Confidential Information
- ✗ Authorizations

**DATES**  
Due: June 11, 2019  
Lockout: June 11, 2019

**CONTACT**  
Amber Emery  
972-281-7156  
aemery@mtlebanoncamp.com

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19. A small window will pop up saying your health profile is complete. If it doesn't pop up, check the far right side of the window and make sure every category has a green check-mark. If they don't, then click on the category that is incomplete. After completing all the unfinished categories, the health profile completion window will pop up. Click "Ok." You are now fully registered.

**CampDoc.com** Amanda Hammers / Health Profile  
Mt. Lebanon

Registration  
Health Profile  
Protection Plan  
Test Registration  
Tom Cat

**6. CONSENT FOR CRIMINAL RECORD AND BACKGROUND CHECK BY CHURCH**  
I hereby authorize any appropriate organization and/or its designees, including the church I am attending with, or Mt. Lebanon to conduct a criminal record and a background/ reference check. A criminal record, as received from the reporting agencies, may include arrest and conviction information as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility to serve in the supervision or care of minors or vulnerable adults. I understand that I will have an opportunity to review my criminal record for clarification if I dispute the record as received. I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify any reporting agency and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to serve in the supervision or care of minors or vulnerable adults.

**7. APPLICANTS STATEMENT, WAIVER, AND INDEMNITY**  
The information contained in this application and screening form is correct to the best of my knowledge. I authorize any reference to give any information that they have regarding my character and fitness to work with and supervise minors or vulnerable adults. In consideration of the receipt and evaluation of this form by the church I am attending with, Mt. Lebanon Encampment, or the Dallas Baptist Association, I hereby release any individual, church, charity, employer, reference or any person or organization, including record custodian, both collectively and individually, from any and all liability for damages of whatever kind of nature which may result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form.

**8. USE OF PHOTOGRAPH FOR PROMOTIONAL PURPOSES**  
I agree and consent that my photograph may be used for promotional purposes or publicity material by Mt. Lebanon.  
Should my application be accepted, I agree to follow and be bound by the policies of Mt. Lebanon Encampment and the Dallas Baptist Association, and to refrain from unsporting conduct in the performance of my services on behalf of Mt. Lebanon Encampment and the Dallas Baptist Association.  
*By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.*

Electronically signed by \_\_\_\_\_

**Health Profile Complete**

The health profile for Amanda Hammers is now complete, and has been submitted to Mt. Lebanon!  
Please note, Mt. Lebanon may contact you if they have any questions about the information you provided.  
You may return to your CampDoc.com account before June 11, 2019 to update any health information that may change for Amanda.

OK

CHANGE SIGNATURE

**Amanda Hammers**  
Feb 28, 1981

- ✓ Contact Information
- ✓ General Health Information
- ✓ Medications
- ✓ Confidential Information
- ✗ Authorizations

**DATES**  
Due: June 11, 2019  
Lockout: June 11, 2019

**CONTACT**  
Amber Emery  
972-281-7156  
aemery@mtlebanoncamp.com

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100% Complete / Last saved a few seconds ago

20. If you have another child or another adult attending camp, then you will need to fill out a separate registration for each child and/or adult by clicking "+ New Participant."
21. There is an additional item you need to be aware of. You will be receiving 1 to 3 notices when you register. The notices deal with CampGrams, Travel Insurance, and Tuition. Just ignore them. They automatically send once you register. Once you "completely" register, we can go in and turn off the notices.