Parent/Guardian Filling Out Forms

1. Complete all the steps outlined in the "Logging into the System" directions
2. Once logged in you will see all available camps currently open. Select the camp for which your dependent is attending and click on the "Parent/Guardian applying for dependent" button

Corps of Cadets

National Leadership Challenge Fall 2018

Camp Dates: Oct 26, 2018 to Oct 28, 2018

[I would like to apply]

[Parent/Guardian applying for dependent]

3. Read and follow all of the pre instructions found on the following screen, then when they are complete click on the **Continue Application** button

National Leadership Challenge Fall 2018

[Back to Camp Selection]

National Leadership Challenge Fall 2018

Pre instructions here

[Continue Application]

4. Enter your full address

Address:

City: State: Zip:

[Update]

5. Enter your Home, Cell, and Work phone numbers

Home Phone:

Cell Phone:

Work Phone:

[Update]

6. Enter the First name, middle name, last name, email address, date of birth, gender, image permissions, and transportation questions for your dependent

Add Dependent

First Name:

First Name

Middle Name:

Middle Name

Last Name:

Last Name

Email:

Email

Date of Birth:

7. Enter your Dependents full address. If address is the same as yours, you can simply click on the **Use My Address** button.

Andrea's Address

Use My Address

Address:

City: State: Zip:

Update

8. Add Authorized Contacts (repeatable) Please list any individual who is authorized to pick up the dependent, including the parent/guardian. Authorized person must be at least 16 years of age. The dependent will not be permitted to leave with anyone who is not listed below. Authorized individuals must pick up the dependent in person and may be requested to show identification to program staff. Dependents will not be released to persons who fail to provide acceptable identification upon request. Enter in Full name, phone number, relationship to child, and medical/emergency contact question for each contact.

Add Authorized Contact

Please list any individual who is authorized to pick up the dependent, including the parent/guardian. Authorized person must be at least 16 years of age. The dependent will not be permitted to leave the with anyone who is not listed below. Authorized individuals must pick up the dependent in person and may be requested to show identification to program staff. Dependents will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my dependent from the program:

Authorized Person

Phone Number

Relationship to Child

Contact in event of medical treatment or emergency?

No ▾

Update

9. When all Authorized Contacts have been entered click on the **No More authorized Persons Needed** button.

No More Authorized Persons Needed

10. Fill out your dependent's full medical information being **as through as** possible

Medical Information

Health Insurance Carrier:	Policy Number:	LAST 4 DIGITS OF SSN:

Has your child had or currently have

Rheumatic Fever:	Measles:	Mumps:
No ▼	No ▼	No ▼

Meningitis:	Polio:	Tuberculosis:
No ▼	No ▼	No ▼

Stomach, Liver or Intestinal Disease:	Nervous Disorder:	Kidney Disease:
No ▼	No ▼	No ▼

Diabetes:	Skin Disease:	Ear, Nose or Throat Problems:
No ▼	No ▼	No ▼

Allergies:	Migraine Headaches:	Arthritis:
No ▼	No ▼	No ▼

Pneumonia:	Heart Condition:	Irregular Heartbeat:
No ▼	No ▼	No ▼

11. Enter all medication that your dependent is currently taking.

Medication Information

No More Medication Needed

Medication Name:

Dosage:

Administered:

Reason For Taking:

Update

12. When all medications have been entered or you do not require any medications click on the **No**

More Medication Needed button

No More Medication Needed

13. You are now back at the application overview screen. Double check the information provided here and when you are satisfied, click on the big green **Submit Application** button

National Leadership Challenge Fall 2018
Camp Registration

Parent/Guardian

Edward E Tucker   New Parent/Guardian

Home Phone:
Cell Phone:
Work Phone:

Submit Application
National Leadership Challenge Fall 2018

Michael Edward Tucker   Edit

Edit Address   Add Auth Contact   Edit Medical   Add Medication

Edit   None Provided

14. You must then review with your dependent the **program's rules** and standards of conduct and click **Approve**

I have reviewed the application for my dependent **Michael Edward Tucker** and verified that all data entered is correct. I also verify that the name **Edward E Tucker** is the name I would like to use to sign the release waiver.

In addition I understand and have reviewed with my dependent that as a condition for participating in the Program they must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in them being dismissed from the Program.

Approve

15. A Waiver **is now** generated through the DocuSign system and loaded into the view. To proceed you must click the **I agree to use electronic records and signatures** checkbox and then click on the **CONTINUE** button.

16. Read the document in full and as you encounter any **Sign** buttons click on them to sign that area. Note **you can jump to the first si**gnature by clicking on the **Start**

 button and the first **Sign** button you click will have you Adopt your Signature
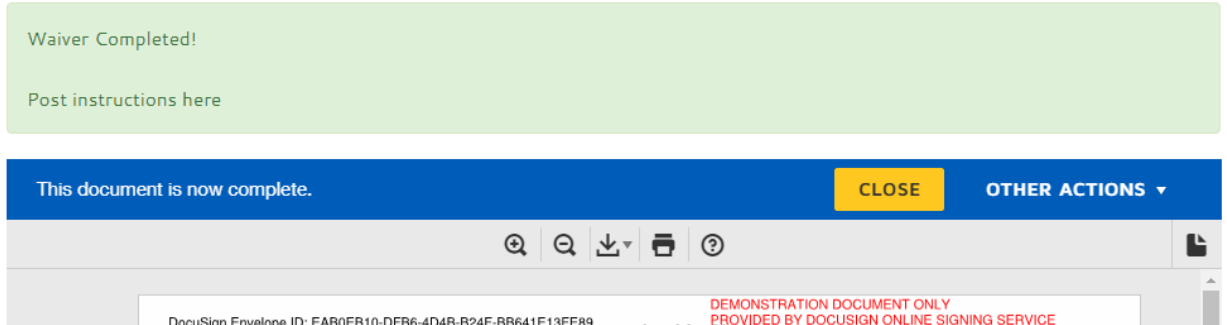
17. When all required areas are signed, scroll back up to the top of the page and click on the **Finish** button **FINISH**. Note: if any signatures are missing the screen will jump to the required area if the **Finish** button is hit before the document is complete.
18. Once you see "Waiver Completed!" and "This document is now complete" messages, the waiver section is complete. Please complete any listed post instructions on top of your screen

Release Waiver

Waiver Completed!

Post instructions here

This document is now complete.

CLOSE   OTHER ACTIONS ▾

DocuSign Envelope ID: EAB0EB10-DEB6-4D4B-B24E-BB641E13EE89

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE

*If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact Richard Henry: Richard.Henry@ung.edu, 706-867-4447.