

Student 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 you are attending and click on the “I would like to apply” button (NOTE: if you are a parent/guardian please follow the directions “Parent/Guardian Filling Out Forms”)

The screenshot shows a page titled "Corps of Cadets". At the top, it says "National Leadership Challenge Fall 2018". Below that, it lists "Camp Dates: Oct 26, 2018 to Oct 28, 2018". There are two buttons: "I would like to apply" and "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

The screenshot shows a page titled "National Leadership Challenge Fall 2018". At the top left, there is a button "Back to Camp Selection". Below the title, it says "Pre instructions here". At the bottom, there is a button "Continue Application".

4. Fill in the full information for your Parent or Guardian including First Name, Middle Name, Last Name and Email (please double check that this is the email your parent/guardian would like to use for this process!!!)

The screenshot shows a form titled "Parent/Guardian". It has four input fields: "Guardian First Name", "Guardian Middle Name", "Guardian Last Name", and "Guardian Email". At the bottom, there is a blue button labeled "Update".

5. Enter in the full address for your parent/guardian and click the **Update** button

Parent/Guardian's Address

Address:

City: State: Zip:

Update

6. Enter in the Home, Cell/mobile, and Work phone numbers (all applicable) for your parent/guardian

Parent/Guardian Phone

Home Phone:

Cell Phone:

Work Phone:

Update

7. Enter In your (Dependent) Date of Birth, Gender, Photo Release, and Self Drive release

Edit Dependent

Date of Birth:

Gender (Male/Female):

Grant permission for image, likeness or recording to be used:

Dependent responsible for own transportation (Must be at least 16 years of age):

Update

8. Enter in your (Dependent) full address. If address is the same as your parent/guardian you can simply click on the **Use Parent/Guardian's Address** button.

Michael's Address

Address:

City: State: Zip:

9. 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:

Contact in event of medical treatment or emergency?

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

Needed button.

11. Fill out your full medical information being as through as possible
Medical Information

Health Insurance Carrier: <input type="text"/>	Policy Number: <input type="text"/>	LAST 4 DIGITS OF SSN: <input type="text"/>
Has your child had or currently have		
Rheumatic Fever: <input type="text" value="No"/>	Measles: <input type="text" value="No"/>	Mumps: <input type="text" value="No"/>
Meningitis: <input type="text" value="No"/>	Polio: <input type="text" value="No"/>	Tuberculosis: <input type="text" value="No"/>
Stomach, Liver or Intestinal Disease: <input type="text" value="No"/>	Nervous Disorder: <input type="text" value="No"/>	Kidney Disease: <input type="text" value="No"/>
Diabetes: <input type="text" value="No"/>	Skin Disease: <input type="text" value="No"/>	Ear, Nose or Throat Problems: <input type="text" value="No"/>
Allergies: <input type="text" value="No"/>	Migraine Headaches: <input type="text" value="No"/>	Arthritis: <input type="text" value="No"/>
Pneumonia: <input type="text" value="No"/>	Heart Condition: <input type="text" value="No"/>	Irregular Heartbeat: <input type="text" value="No"/>

12. Enter in all medication that you are currently taking.

Medication Information

No More Medication Needed

Medication Name:

Dosage:

Administered:

Reason For Taking:

Update

13. 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**

14. 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](#)

[Edit Medical](#)

[Add Medication](#)
None Provided

15. Your application is now awaiting parent/guardian approval. Your parent or guardian will have received an email to the provided email address with a link for them to set up their account



16. Click on the link provided in the email above and your parent/guardian will be taken to the following screen

Complete Registration

Almost There!
Hello Michael. Your username is

Please enter a password to begin using the site.

17. Have them enter in a password that must contain an uppercase letter, a lowercase letter, a number, a special character, and be at least 6 characters long. The same exact password must be entered into the Confirm Password text box. Once a password of the correct complexity is entered into both textboxes, the **Complete** button will appear. Click on this button



18. Your Parent/Guardian will then have to verify that they are your lawful Parent or Guardian

Approve Dependents



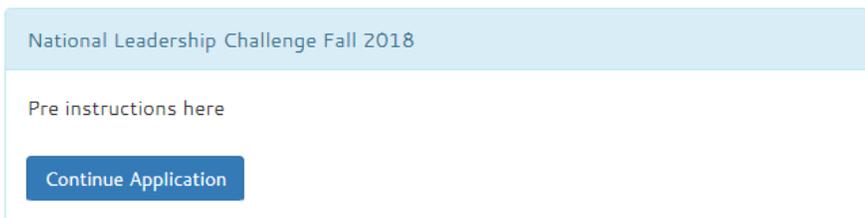
19. Have them select the camp for which you are attending and click on the **Parent/Guardian applying for dependent** button

Corps of Cadets



20. They will then read and verify that all of the pre instructions are complete and will click on the **Continue Application** button

National Leadership Challenge Fall 2018



21. The Parent/Guardian must then review with you the programs 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

22. 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.

Release Waiver

Please sign all required lines in the release waiver below and click the yellow "Finish" button to complete.

Please Review & Act on These Documents



 **Summer Honors**
University of North Georgia

Release/Waiver

 Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS** ▾

DocuSign Envelope ID: EAB0EB10-DFB6-4D4B-B24F-BB641E13FE89

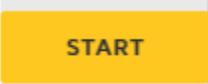
 **national Leadership Challenge**
Fall 2018

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE



23. 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 signature by clicking on the **Start**



button and the first **Sign** button you click will have you Adopt your Signature

Adopt Your Signature x

Confirm your name, initials, and signature.

* Required

Full Name*	Initials*
<input type="text" value="Edward E Tucker"/>	<input type="text" value="EET"/>

SELECT STYLE DRAW

PREVIEW [Change Style](#)

DocuSigned by: DS

Edward E Tucker

EET

63D7F612E079489...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN
CANCEL

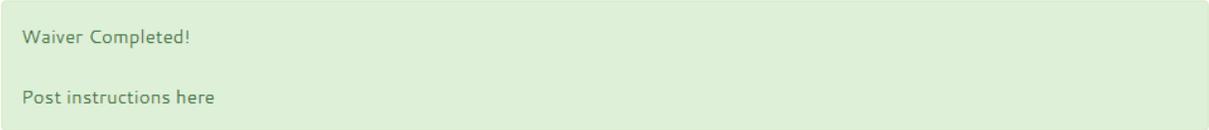
24. When all required areas are signed, scroll back up to the top of the page and click on the **Finish**



button. 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.

25. Once they 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



*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.