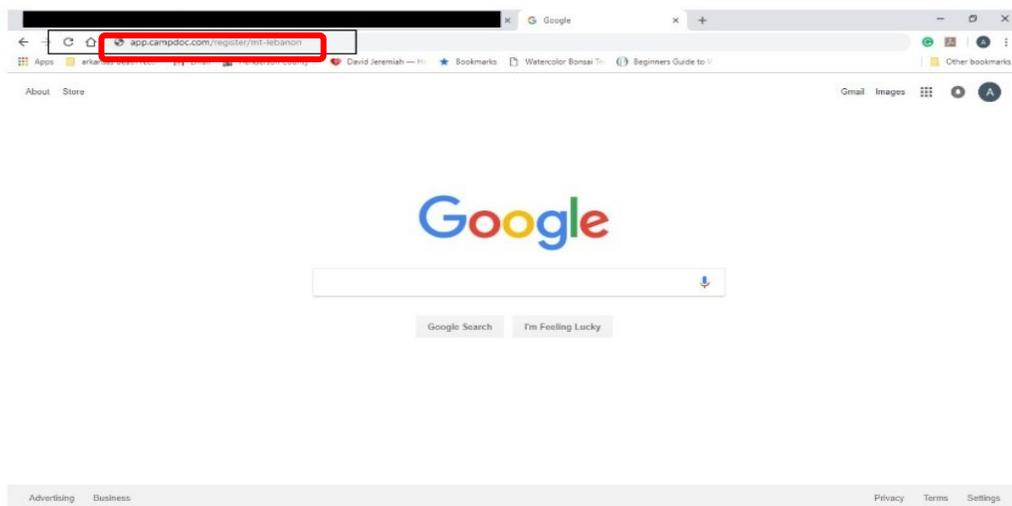
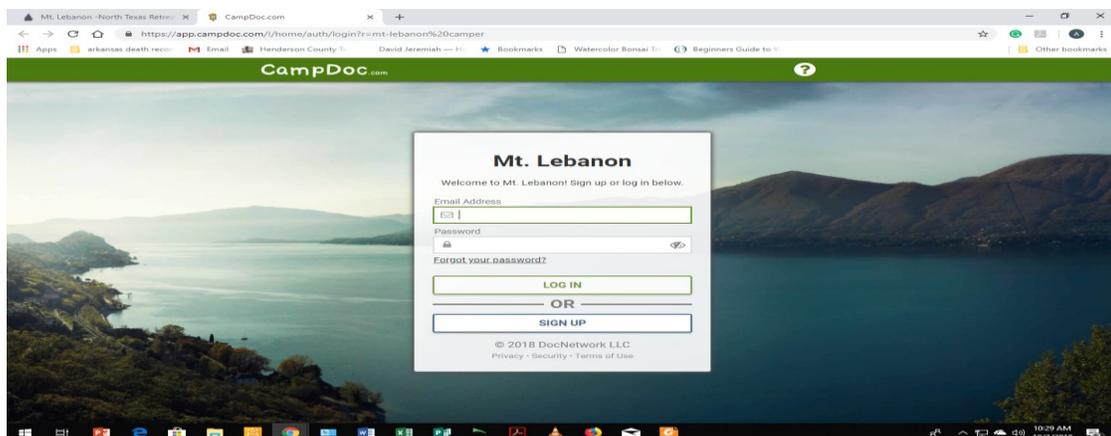


How to Register for Camp

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

Participants

Security

Notifications

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

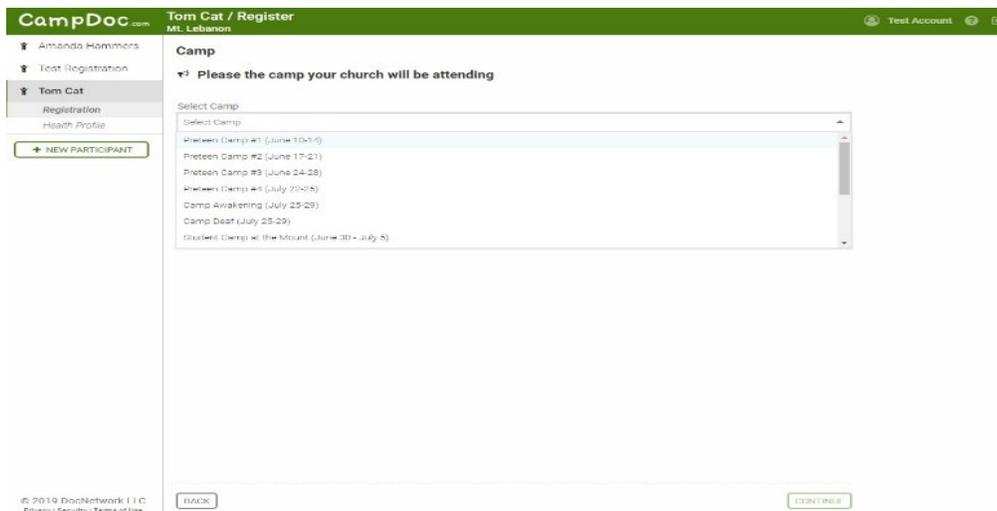
CONTINUE

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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

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	1350 spaces left

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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

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 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
Totals			\$0.00	\$27.00

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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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

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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

Relationship: father

Email Address: jacoblow@youthdaycamps.com

Cell Phone Number: 9722917156

Emergency Contact

Name: Jane Doe

Relationship: mother

Cell Phone Number: 9722917156

40% Complete / Last saved a few seconds ago

Test Registration
Dec 9, 2009

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

CampDoc.com Test Registration / Health Profile
Mt. Lebanon

Insurance & Physician Information

Is the participant covered by healthcare insurance?
Yes No

Primary Care Physician

Name of Primary Care Physician

Phone Number

40% Complete / Last saved a minute ago

Test Registration
Dec 9, 2009

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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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

Amanda Hammers

- Test Registration
- Registration
- Health Profile**
- Protection Plan

Tom Cat

[+ NEW PARTICIPANT](#)

Test Registration / Health Profile
Mt. Lebanon

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, 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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NEXT STEP

CampDoc.com

Amanda Hammers

- Test Registration
- Registration
- Health Profile**
- Protection Plan

Tom Cat

[+ NEW PARTICIPANT](#)

Test Registration / Health Profile
Mt. Lebanon

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, etc.)
 Yes No

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
 amber@mtlebanoncamp.com

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PREVIOUS STEP

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NEXT STEP

CampDoc.com

Amanda Hammers

- Test Registration
- Registration
- Health Profile**
- Protection Plan

Tom Cat

[+ NEW PARTICIPANT](#)

Test Registration / Health Profile
Mt. Lebanon

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, 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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PREVIOUS STEP

40% Complete / Last saved 6 minutes ago

NEXT STEP

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

0 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 0% 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
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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

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
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CampDoc.com
Test Account

Test Registration / Health Profile
Test Account

Mt. Lebanon

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

+ NEW PARTICIPANT

Zyrtec

* Dose Quantity: 0.5

* Frequency: Daily

* Dose Form: Capsule(s)

0.345 mg/mL solution/ drops

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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PREVIOUS STEP

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NEXT STEP

CampDoc.com
Test Account

Test Registration / Health Profile
Test Account

Mt. Lebanon

Amanda Hammers

Test Registration

Registration

Health Profile

Protection Plan

Tom Cat

+ NEW PARTICIPANT

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

4. Diabetics must bring a copy of their Diabetes Management Plan.
5. 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.
6. 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.
7. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the Medication Dosage and Frequency Chart.
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

Zyrtec

Strength: 0.345 mg/ml solution/ drops

Dosage: 0.5 capsule

Frequency: Breakfast

Times Given: Breakfast

Indication: seasonal allergies

Taking at Camp: Yes

ADD MEDICATION

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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PREVIOUS STEP

80% Complete / Last saved a few seconds ago

NEXT STEP

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

CampDoc.com Amanda Hammers / Health Profile
Mt. Lebanon

Registration
Health Profile
Protection Plan
Test Registration
Tom Cat
+ NEW PARTICIPANT

Confidential Information

* 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?
 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?
 Yes No

* Are there any current criminal proceedings pending against you?
 Yes No

* Are you the subject of a child abuse or maltreatment report in this state or any other state or country?
 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?
 Yes No

* Have you ever been denied the opportunity to work with minors or vulnerable adults?
 Yes No

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

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
972-291-7156
aemery@mt-lebanoncamp.com

PRINT

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.”

CampDoc.com Test Registration / Health Profile
Mt. Lebanon

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

Authorizations

PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

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

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PREVIOUS STEP 80% Complete / Last saved a few seconds ago

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@mt-lebanoncamp.com

PRINT

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

80% Complete / Last saved 2 minutes ago

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
amber@mtlebanoncamp.com

PRINT

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

80% Complete / Last saved a few seconds ago

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

PRINT

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.

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.