

Once completed, please send via email to:

[donate@ronbivinstpsministry.org/](mailto:donate@ronbivinstpsministry.org/)



RON BIVINS:  
"THE PEOPLE'S SERVANT MINISTRY"

## Application Form

2021 Out of School/Summer Camp

June 22, 2021 thru July 29, 2021

**FREE**

### BACKGROUND INFORMATION:

Name of Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Ethnicity/Race \_\_\_\_\_

School Attending \_\_\_\_\_

Medical Information: Please list medical concerns, medication currently taking, allergies, surgeries, etc.

\_\_\_\_\_

\_\_\_\_\_

Primary Doctors Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor Hospital \_\_\_\_\_

Waiver of Claim:

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ student

Give permission for my child to participate in the activities of "The People's Servant" Ministry Summer Camp. I also hereby Release "The People's Servant" Ministry, their staff and other person and entities associated from any liabilities and responsibilities from accidents or injuries arising from "The People's Servant" Ministry Summer Camp, and related activities. I have read and understand the foregoing consent release and waiver and waive any and all claims suits and causes of action related thereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In Case of Emergency, contact the following individuals:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

### PARENTS:

Name three things, that will help you to get to the NEXT Level to better your Family.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_