



Serenity Grace Farm
Therapeutic Riding and Driving Center
1292 Pocomoke Road
Franklinton NC 27525
(919) 302-5503
Serenitygracefarm @embarqmail.com

CAMP REGISTRATION

Summer 2014

PARTICIPANT INFORMATION

Name: _____ M / F Date: _____

DOB: _____ Height: _____ Weight: _____

Parent/Guardian Name (if applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work#: _____ Cell#: _____

Email Address: _____

Group Home Name (if applicable) _____

Group Home Address: _____

Phone #: _____

Emergency Contact: _____ Phone#: _____

Relationship _____

Diagnosis (if applicable) _____

Date of Onset _____ Effect(s) of Diagnosis: _____

CAMP REGISTRATION
(CONTINUED)

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the release of information from the following sources to Serenity Grace Farm:

Medical History

Physician _____ Phone# _____

Therapy Program(s)

Therapist _____ Phone # _____

CONFIDENTIALITY. Serenity Grace Farm is bound by confidentiality requirements of state and federal laws; we will not disclose confidential client information without permission.

(filled out by Serenity Grace office staff)

_____ Prepaid by June 11th \$400.00 Date Received _____ Rec'd by _____

_____ Prepaid by June 17th \$450.00 Date Received _____ Rec'd by _____

_____ Pay each day of camp \$55.00 (each day)