



**MEDICAL  
ACADEMY**

# 2018 Medical Academy Registration Form

## Part I: Session Selection

<input type="checkbox"/> Mental Health Matters in Medicine February 2-4, 2018 <b>(WMA-MBH)</b>	<input type="checkbox"/> Shadowing a Surgeon in Collaboration with Fresh Start Surgical Gifts Program March 9-10, 2018 <b>(AA-Surgery)</b>	<input type="checkbox"/> Dreams to Reality: Become a Professional Nurse May 4-6, 2018 <b>(WMA-Nursing)</b>
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Did you previously participate in a Medical Academy program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which program? \_\_\_\_\_

## Part II: Student Information

Full Name:	(First)	(Last)
Preferred Name:		Gender: Male Female
Date of Birth:		Age:
High School:	(Zip Code)	Grade:
Home Address:		
City	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		

## Part III: Parent/Guardian Information

Full Name:		
Relationship:		
Home Phone:	Cell Phone:	
Email:		

Are they an employee of Rady Children's Hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which department? \_\_\_\_\_

## FOR OFFICE USE ONLY:

<input type="checkbox"/> Credit/Debit Card Information
Name on Card: _____
Exp. Date: _____
SSV: _____
<input type="checkbox"/> Date Registered: _____
<input type="checkbox"/> Date Input: _____
<input type="checkbox"/> Date Shred: _____