

2018 Medical Academy

Registration Form

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| Part I: Session Selection | |  |
| * Mental Health Matters in Medicine   February 2-4, 2018  **(WMA-MBH)** | * Shadowing a Surgeon in Collaboration with Fresh Start Surgical Gifts Program   March 9-10, 2018  **(WMA-Nursing)** | * Dreams to Reality:   Become a Professional Nurse  May 4-6, 2018  **(AA-Surgery)** |
| Did you previously participate in a Medical Academy program? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_  If yes, which program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| 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: |  | | |

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| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| FOR OFFICE USE ONLY: |
| * Credit/Debit Card Information   Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  SSV: \_\_\_\_\_\_\_\_\_\_\_\_\_   * Date Registered: \_\_\_\_\_\_\_\_\_\_\_\_ * Date Input: \_\_\_\_\_\_\_\_\_\_\_\_ * Date Shred: \_\_\_\_\_\_\_\_\_\_\_\_ |