

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 NurseMay 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: \_\_\_\_\_\_\_\_\_\_\_\_
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