



**MEDICAL
ACADEMY**

Registration Form Weekend & Advanced Medical Academy

Part I: Session Selection

- | | | |
|--|--|---|
| <input type="checkbox"/> Mental Health Matters in Medicine
*9 th – 12 th ONLY
February 2-4, 2018
Weekend Medical Academy-MBH | <input type="checkbox"/> Dreams to Reality: Become a Professional Nurse
*9 th – 11 th ONLY
May 4-6, 2018
Weekend Medical Academy-Nursing | <input type="checkbox"/> Shadowing a Surgeon in Collaboration with Fresh Start Surgical Gifts Program
*SMA ALUMNI ONLY
March 9-10, 2018
Advanced Medical Academy-Surgery* |
|--|--|---|

Did you previously participate in a Medical Academy program? Yes _____ No _____

If yes, which program? Weekend Summer (year _____) Advanced

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:

- Credit/Debit Card Information

Name on Card: _____

Exp. Date: _____

SSV: _____

- Date Registered: _____

- Date Input: _____

- Date Shred: _____