

# Registration Form Weekend & Advanced Medical Academy

## Part I: Session Selection

<input type="checkbox"/> Mental Health Matters in Medicine <b>9<sup>th</sup> – 12<sup>th</sup> GRADE ONLY</b> February 2-4, 2018 Weekend Medical Academy-MBH	<input type="checkbox"/> Dreams to Reality: Become a Professional Nurse <b>9<sup>th</sup> – 11<sup>th</sup> GRADE ONLY</b> May 4-6, 2018 Weekend Medical Academy-Nursing	<input type="checkbox"/> Shadowing a Surgeon in Collaboration with Fresh Start Surgical Gifts Program <b>SMA ALUMNI ONLY*</b> March 9-10, 2018 Advanced Medical Academy-Surgery
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Did you previously participate in a Medical Academy program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which program?  Weekend  Summer year \_\_\_\_\_\*  Advanced

\*Required to participate in Advanced Medical Academy

## 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:	(First)	(Last)
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: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Card Type: Visa \_\_\_ American Express \_\_\_ Discover \_\_\_ Mastercard \_\_\_

Exp. Date: \_\_\_\_\_ SSV: \_\_\_\_\_

Billing Address\*: Same as Home \_\_\_ \*If different, write in Notes

Confirm Email Address: \_\_\_\_\_

Date Registered: \_\_\_\_\_ Time Called: \_\_\_\_\_

Date Input: \_\_\_\_\_ Date Given to RCHSD Foundation: \_\_\_\_\_

## NOTES: