



Mayo Clinic High School Health Care Boot Camp Reservation Form

Please print the requested information neatly. If your responses are not legible, your application will not be considered.

Name: Last _____ First _____ M.I. ____

Address: _____

City: _____ State ____ Zip Code _____

Home Phone: _____ E-mail: _____

Birth Date: Month ____ Day ____ Year ____ Age ____

In Case of Emergency, Please Notify (Parent/Guardian – Local Person Only)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

ESSAY: Please briefly tell us why you want to participate in the Mayo Clinic “High School Boot Camp” (attach a separate paper).

High School Attending: _____

Current Grade Level (Spring 2012): 9 10 11 12

REFERRAL: Who referred you to this summer High School Boot Camp?

Mayo Employee/Physician: _____ Relative/Guardian: _____

Other: _____

Have you ever served as a Volunteer? Yes No

If yes, where? _____

LATEX SENSITIVITY/ALLERGIES: Do you have a latex sensitivity or allergy? (Please check one)

No Yes If yes, please list: _____

PHOTOGRAPHY CONSENT: Consent to photograph “High School Boot Camp” participants for use in class related activities and workshop completion ceremony. No external use unless a separate release form is signed.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Student Signature: _____ **Date:** _____