

**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: Age:       Gender (M/F):       Shirt Size (S, M, L, XL, XXL):

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

Name: Relationship:

Home Phone: Cell Phone: Business Phone:

Name of High School where enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level:  9  10  11 12

REFERRAL: Who referred you to this High School Health Care 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 Health Care 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:        
 By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Student Signature: Date:        
 By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

ESSAY:

Please briefly tell us why you want to participate in the Mayo Clinic “High School Boot Camp”.