



101 Baldwin Blvd.
Corpus Christi, Texas 78404-3897

Health Sciences Academy

June 13-June 23, 2016



2222 Morgan #114
Corpus Christi, Texas 78405

Del Mar College does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or any other constitutionally impermissible reason.

Continuing Education Registration Form

FOR OFFICE USE
Date _____ Initials _____

Student Information

Name: _____ Email: _____
Last First Middle

Address: _____
Number/Street Apt# City State Zip County

Phone: _____ SS# _____
Home Cell Business

Gender: Male Female Birthdate: _____ Age: _____ Grade: _____

How did you hear about Del Mar? Newspaper Brochure Email Class Schedule Direct Mail Website Channel 9/DMC-TV

Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

Are you Hispanic or Latino? Yes No

Select the racial category or categories with which you most closely identify. Check as many as apply. White Black or African American Asian American Indian or Alaskan Native International Unknown or Not Reported Native Hawaiian or Other Pacific Islander

Are you a resident of Texas? Yes No If no, what State? _____

Course Information

Term	Course/Section	Title	Location	Start Date/ End Date	Times	Days	Fee
2016__	CK 256N 169__	Health Science Academy __	PS	6/13-6/23/2016	1-5pm	MTWTh	\$150

Method of Payment (payment must accompany form):
 MasterCard Visa Check Cash AHEC Workforce
 Card #: _____ Expiration Date: _____
 Signature: _____

FAX to: (361) 888-7523 For More Information: (361) 881-8133

Processed by: _____ Date: _____

I acknowledge and understand there are inherent risks associated with camp activities. I recognize that attendance at camp is a privilege and as a consideration for this privilege, I release SCAHEC & Del Mar, including its employees, agents and trustees, from responsibility for any accidental injuries and loss of personal property while at camp. I grant permission for my child to participate in all camp activities.
 Parent Signature: _____

Guardian Contact Information

Guardian Name	
Address	
Phone Numbers	Home: _____ Work: _____ Cell: _____
Email	
Photography	I consent to photography during camp and for my child may be included in the photos.

Student

High School	
T- Shirt Size (circle)	Small Medium Large X-Large XX-Large
Career Interest (Circle)	Doctor Paramedic Nurse Physical/Occupational Therapy Pharmacy Radiology Lab Tech EMT-Basic Dental Physician Assistant Nurse Practitioner Surgery Respiratory Other: _____



Please arrive by 1:00pm and departure is at 5:00pm

Lunch will be at 12:00 to 12:45pm

Special Thanks to: Commissioner Joe A Gonzalez (JAG)



Los Mesteños
Career Academy

