



**Rice University School Mathematics Project's  
 2022 Summer Math Camps at Saint Thomas' Episcopal School  
 for Students entering 1<sup>st</sup>- grade through 6th-grade in the Fall of 2022  
 June 20 – 24, 2022; 9:00 a.m. – 3:30 p.m.**

**Please select camp level:**

**For students entering:**

- \_\_\_ 1st-grade (Cost: \$600 per student to attend)
- \_\_\_ 2nd-grade (Cost: \$600 per student to attend)
- \_\_\_ 3rd-grade (Cost: \$600 per student to attend)
- \_\_\_ 4th-grade (Cost: \$600 per student to attend)
- \_\_\_ 5th/6th-grade (Cost: \$600 per student to attend)

**Student Registration Information**

First Name of Student	
Last Name of Student	
Date of Birth	
Grade level during the <b>2022-2023 school year</b>	
What school does your student currently attend?	
Home Address	
City	
State	
ZIP	

**Primary Parent/Guardian**

First Name	
Last Name	
Email address	
Cell phone number	
Home phone number	

**Second Parent/Guardian**

First Name	
Last Name	
Email address	
Cell phone number	
Home phone number	

### Medical and Health Insurance Information

Doctor's name	
Doctor's phone number	
Does your student have any allergies?	Yes No (Food, medicine, environmental, other). If yes, explain.
Student's health insurance information	Name of Insurance Company:  Insurance Policy Number:  Insurance Group Number:  Insured's Name:
Does your student have any medical conditions we should be aware of?	Yes No If yes, please explain.
Is your student taking any medications?	Yes No If yes, please list medications.
Please let us know anything about your student that will help ensure a successful summer.	

### Emergency Contact Information

Emergency contact name	
Relationship to student	
Emergency contact phone	

### Student Release Information

Please list all siblings attending the Rice University School Mathematics Project Camps at Saint Thomas':	
Please list all authorized adults who will pick up your student:	

## **Cancellation and Refund Policy**

Cancellation Dates:

- Cancellations before May 1, 2022 will receive a full refund minus a \$75 processing fee.
- Cancellations between May 1 – 15, 2022 the amount of the refund would be 50% of the amount paid minus a \$75 processing fee.
- There will be no refunds from May 16, 2022 onward.

Please note that we are cautiously moving forward with our face-to-face summer camps with the understanding that they might change to virtual if necessary due to COVID-19.

## **Application Submission**

Please submit the completed application in one of the following ways:

- Email to Gloria Godinez at [gb3@rice.edu](mailto:gb3@rice.edu)
- Fax to 713-348-5428
- Mail to

Rice University School Mathematics Project  
Attn: Anne Papakonstantinou  
PO Box 1892  
MS-172  
Houston, TX 77251-1892

Camp registration is not complete until payment is received.

## PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY (minor)

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, desire for my child to participate in the Rice University School Mathematics Project's 2022 Summer Math Camps at Saint Thomas' Episcopal School ("Activity") and, in consideration of him/her being allowed to participate in the Activity, I acknowledge and agree as follows:

1. I understand that I am responsible for my child's own transportation to and from the Rice University camp location at Saint Thomas' Episcopal School. It is my responsibility to confirm the schedule in advance with the Activity's organizers.
2. I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my child's participation in the Activity, including but not limited to property damage and loss, bodily injuries, sickness, disease and death. My child is in sufficient health and able to participate (with or without an accommodation) in the Activity and I will contact the program organizers if there is a need to request an accommodation. I have medical insurance coverage appropriate for my child's participation in the Activity and have provided such insurance coverage information and emergency contact information to Rice University. Neither Rice University nor the Activity are providing any insurance for my child in connection with his/her participation in the Activity.
3. I understand that if my child requires medical treatment while participating in the Activity, an attempt will be made to notify me. In the event that I cannot be contacted, or if contact is impractical under the circumstances, I consent to medical treatment for my child as may be deemed necessary under the circumstances, including but not limited to x-ray examinations, surgery and anesthesia, and I will be responsible for any and all medical expenses.
4. If my child's participation in the Activity is at any time deemed detrimental to the Activity or its other participants, as determined by the Activity's organizers in their sole discretion, I understand that he/she may be expelled from the Activity without Rice University or the organizers incurring any liability.
5. I agree that my child will follow all of the Activity's policies and procedures regarding COVID-19 while participating in the Activity. I understand that COVID-19 is a highly contagious disease and my child may contract COVID-19 even if my child follows the safety precautions above. I also understand that, although Rice University will follow guidance from the CDC and state and local authorities to reduce the spread of COVID-19, Rice University cannot completely eliminate the risk of individuals participating in the Activity from contracting COVID-19. I agree to voluntarily assume all risks related to the COVID-19 virus.
6. I also grant Rice University the irrevocable right to use my child's image, voice and name in video, photographs and audio recordings of the Activity. I understand that this use may include publication and distribution in printed, electronic and digital media, including but not limited to Rice University brochures, video and television broadcasts, and website, social media and online communications. I also understand that my child will not receive any compensation in connection with this release.
7. **I fully and forever RELEASE, WAIVE AND DISCHARGE, and COVENANT NOT TO SUE, Rice University (including, but not limited to, its trustees, employees and representatives) from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including but not limited to court costs and attorneys' fees), from any cause whatsoever (including but not limited to property damage and loss, bodily injuries, sickness, disease, the COVID-19 virus, and death), directly or indirectly arising in connection with my child's participation in the Activity, set up for the Activity, practice for the Activity, or transition to or from the Activity, or use of my child's image, voice or name by Rice University or its employees or independent contractors or the Activity pursuant to the foregoing rights grant, whether or not foreseeable or contributed to by the negligent acts or omissions of Rice University or others.**
8. This Agreement constitutes the entire agreement about the subject matters it addresses and is governed by the laws of the State of Texas. If any provision of this Agreement is held unenforceable, this will not affect any other provision and this Agreement will be construed as if the unenforceable provision had not been incorporated in this Agreement. I (i) have read and fully understand this Agreement, (ii) intend that this Agreement be legally binding and enforceable upon me and my family, estate, heirs and legal representatives, and (iii) intend that this Agreement benefit Rice University. I acknowledge that my child is voluntarily choosing to participate in the Activity.

IN WITNESS WHEREOF, I have duly executed and delivered this Agreement as of \_\_\_\_\_, 2022.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Parent's or Legal Guardian's Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Carrier and Policy No.: \_\_\_\_\_



*(The Rev'd)* David O. Browder, Rector | Michael F. Cusack, Jr., Headmaster

### STE Student COVID-19 Screening Acknowledgement Form

Please complete this acknowledgment form as your child will be attending on campus programming at Saint Thomas' Episcopal School.

Following CDC recommendations, we ask that you do a quick check of the following for your child(ren) each morning prior to school attendance:

- Temperature 100 degrees Fahrenheit or higher when taken by mouth;
- Sore throat;
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergies/asthmatic cough, a change in their cough from baseline);
- Diarrhea, vomiting, or abdominal pain;
- New onset of severe headache, especially with fever;
- Exposure to a person with a confirmed case of COVID-19.

If a child meets any of the criteria above, he/she must stay home from school.

I acknowledge that I have reviewed the STE Student Screening Protocol as stated above and agree that I will screen my child(ren) each morning prior to their arrival on campus.

Parent/Guardian Name

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Parent/Guardian Signature

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Name(s) of Student(s)

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