



**Rice University School Mathematics Project's
2022 Summer Math Camps and Programs
at Annunciation Orthodox School's Camp AOS
for Students entering 2nd-grade through 8th-grade in the Fall, 2022**

Please select camp or program level:

July 11-15, 2022 (Monday through Friday, 9:00 a.m. – 3:30 p.m.)

One-week camps for students entering:

- 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-grade (Cost: \$600 per student to attend)
- 6th-grade (Cost: \$600 per student to attend)

July 11-22, 2022 (Mondays – Fridays, 9:00 a.m. – noon)

Two-week programs for students entering:

- 7th-grade (Cost: \$600 per student to attend)
- 8th-grade (Cost: \$600 per student to attend)

Student Registration Information

First Name of Student	
Last Name of Student	
Date of Birth	
Grade level during 2022-2023 school year	
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 that 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

My student will participate in early arrival care hosted by AOS?	Yes No
Please list all siblings attending the Rice University School Mathematics Project Camps at AOS:	
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 from May 1, 2022 through May 15, 2022 will receive a refund of 50% of the amount paid minus a \$75 processing fee.
- There will be no refunds after May 15, 2022.

Please note that we are cautiously moving forward with our face-to-face summer camps and programs 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
- 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 or program 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 and Programs at Annunciation Orthodox School's Camp AOS ("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 Annunciation Orthodox 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.: _____