

**MIT-Harvard Center for Ultracold Atoms**  
**TOPS High School Physics Workshop**  
**JULY 25 THROUGH AUGUST 5, 2016**

Participant Application

Your Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Current Grade (Circle One): 9 10 11

School: \_\_\_\_\_

High School Science Course(s) Completed: \_\_\_\_\_

High School Science Course(s) Currently In Progress: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Parents' Email Address: \_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Daytime Contact Phone Number for Parent or Guardian: \_\_\_\_\_

Your Current Science Teacher's Name: \_\_\_\_\_

Your Current Science Teacher's Email and/or School Phone Number: \_\_\_\_\_

\_\_\_\_\_

How did you find out about the TOPS Physics Workshop? \_\_\_\_\_

Why would you like to attend the TOPS Physics Workshop? (A two to three sentence answer is fine.)

# MIT-Harvard Center for Ultracold Atoms

## TOPS High School Physics Workshop

**JULY 25 THROUGH AUGUST 5, 2016**

### Participation Agreement

*Teaching Opportunities in Physical Science (TOPS) Program at the Massachusetts Institute of Technology expects that, if they are in agreement, participants and parents or guardians will read and sign this document agreeing to the following conditions of student participation:*

- As a participant in the TOPS Physics Workshop, I understand that I will be expected to attend every day, Monday through Friday, from 8:30 a.m. to 4 p.m. for the period July 25 through August 5.
- I understand that I will be expected to display appropriate behavior in the Workshop, according to standards of conduct that can reasonably be expected in a high school setting.
- My parent/guardian and I understand that if I willfully damage MIT property, my parent(s) or guardian(s) will be held financially responsible for repairing the damage.

\_\_\_\_\_ (Full Name of Participant)

\_\_\_\_\_ (Full Name of Parent/Guardian)

We confirm that if accepted, \_\_\_\_\_ will be a participant in the 2016 TOPS Physics  
(Participant)

Workshop, and understand and agree to these conditions of his/her participation.

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date

**Please email your application to [pzsack@mit.edu](mailto:pzsack@mit.edu) as a PDF attachment, or mail the physical copy to:**

**77 Massachusetts Ave  
Room 26-239  
Cambridge MA 02139**

**You may also fax your application to 617-253-4876.**

**If you send your application by fax, it is strongly suggested that you follow up by email ([pzsack@mit.edu](mailto:pzsack@mit.edu)) to ensure receipt.**

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**TOPS High School Physics Workshop**  
**JULY 25 THROUGH AUGUST 5, 2016**

Release

I fully recognize that there are dangers and risks to which I may be exposed by participating in the TOPS Physics Workshop (“Workshop”) and that I am participating in this activity voluntarily. I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Workshop. I also agree to release MIT and its employees and agents from any and all claims, judgments, damages, actions and liabilities of every name and nature whatsoever, whether known or unknown, at law or in equity, that I may suffer at any time arising from or in connection with this Workshop.

I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

*I hereby authorize Massachusetts Institute of Technology, through its agents, employees, or designated representatives to sell, reproduce, distribute or similarly use, without restriction, any photographs of myself produced in connection with the Workshop.*

I further agree to release and forever discharge said Massachusetts Institute of Technology, its agents, employees, and designated representative, from any and all claims in-law or equity that I, my heirs or personal representatives, have or shall have, arising out of said photographs.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

\_\_\_\_\_  
(Participant’s Signature)

\_\_\_\_\_  
(Parent’s Signature,

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

# MIT TOPS Physics Workshop Student Emergency Form

Please print (using black or blue ink) or type your responses

Student's legal name \_\_\_\_\_  
Last/Family \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

In case of **Emergency** notify:  
Name \_\_\_\_\_  
Last/Family \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Relationship to student (circle one) Parent | Guardian | Other (specify) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (Area Code) telephone number ( ) \_\_\_\_\_  
Work (Area Code) telephone number ( ) \_\_\_\_\_  
Cellular (Area Code) telephone number ( ) \_\_\_\_\_

Alternate contact in case of emergency:  
Name \_\_\_\_\_  
Last/Family \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Relationship to student (circle one) Parent | Guardian | Other (specify) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (Area Code) Telephone number ( ) \_\_\_\_\_  
Work (Area Code) Telephone number ( ) \_\_\_\_\_  
Cellular (Area Code) telephone number ( ) \_\_\_\_\_

Student's physician/health care facility:  
Name \_\_\_\_\_  
Area Code/Telephone number ( ) \_\_\_\_\_

Health insurance \_\_\_\_\_

Is student a vegetarian? (circle one) Yes | No

Allergies or significant health problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medications  
the student will be taking \_\_\_\_\_  
\_\_\_\_\_

In case of emergency if parent or guardian cannot be reached, I hereby grant permission to MIT Medical Department or the local Emergency Department to provide urgent medical treatment for my child, including sutures and X-rays, if necessary.

\_\_\_\_\_  
Name of Parent or Guardian: Please print clearly

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



Media Release

I hereby assign to the Research Laboratory of Electronics (RLE) at the Massachusetts Institute of Technology (MIT) the right to record my voice and likeness for use in media productions of the Teaching Opportunities in Physical Sciences (TOPS) programs.

I irrevocably consent to the unrestricted use by RLE and MIT and those acting with RLE's authorization, permission and authority, to use my name and any and all purposes, in an any and all media, including, without limitation, advertising, solicitation, or trade related to the TOPS programs.

I hereby waive any right to inspect or approve the finished images, advertising copy, or printed matter that may be used in conjunction therewith, or to the eventual use to which the images may be applied.

I release RLE and MIT and those acting under its authority from any liability to any blurring, distortion, or alteration whether intentional or otherwise, that may occur or be produced of the images.

This agreement constitutes the sole, complete and exclusive agreement between RLE at MIT and me regarding the images and I am not relying on any other representation whether oral or written.

Signature \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_  
Printed Name

I acknowledge that I am the legal guardian of \_\_\_\_\_.

Acting as legal guardian, I consent to the terms of this agreement and to the granting of the rights described herein. I also consent to indemnify and to hold harmless RLE and MIT and all third parties against any claims that may arise from the use of the minor's name, image or likeness in the production.

\_\_\_\_\_  
Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_ Relationship