

## RSI 2015 General Information

Congratulations for having been chosen to attend the thirty-second annual Research Science Institute (RSI) to be held in collaboration with the Massachusetts Institute of Technology (MIT) in Cambridge, Massachusetts. The Institute will be held at MIT from **Sunday, June 21 to August 1, 2015.**

Please make travel arrangements to **arrive at MIT on Saturday, June 20, 2015 and depart on Saturday, August 1, 2015.** RSI representatives will be available to meet you on arrival. Registration will be at the MIT dormitory in which we will be housed.

An electronic copy of the Student Handbook will be sent out in the coming weeks along with other general information about the program. The Handbook includes information such as living arrangements, what you should bring with you, and information on the MIT facilities.

The Institute is an extremely intense period for the students, and visits from family and friends are discouraged. **Family and friends are not permitted to stay at MIT, and any visits must be arranged in advance with RSI staff.**

The Science Education Committee is responsible for matching students with researchers for the internships. Placements are made on the basis of your expressed interest as indicated in your application. Your mentor may choose to contact you before the beginning of the Institute to provide reading materials.

**Please complete and return the enclosed materials by May 15, 2015 to:**

**Ms. Maite P. Ballesterro**  
**Executive Vice President, Programs**  
**Center for Excellence in Education**  
**8201 Greensboro Drive, Suite 215**  
**McLean, VA 22102**  
**+1-703-448-9062 ext. 235**

### **Also Required:**

Please e-mail Ms. Maite P. Ballesterro ([maite@cee.org](mailto:maite@cee.org)) a digital headshot of yourself in casual clothes with a neutral background (suitable for sharing with the program sponsors). The portrait should be of you by yourself, showing good detail of your face. Make sure it is at least 750x1050 pixels in resolution and in JPEG format. Please name your portrait with your own name: LAST\_First.jpg

Should you have any questions about these materials, please contact Ms. Maite P. Ballesterro (703) 448-9062 ext. 235 or via email ([maite@cee.org](mailto:maite@cee.org)).

Please return no later than May 15, 2015.  
(Print or type)

**Passport Number:** \_\_\_\_\_

Students will attend science and humanities lectures during the first week. All participants will attend the Humanities lecture. Please choose your science classes below.

*Briefly summarize your educational and career goals.*

Educational: \_\_\_\_\_

Career: \_\_\_\_\_

*Briefly summarize your extracurricular activities and accomplishments.*

Science or Math Clubs and Awards:

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Research Experience and Awards, Patents Held: \_\_\_\_\_

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Sports, Music, and other Extracurricular Activities and Awards: \_\_\_\_\_

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**RESEARCH SCIENCE INSTITUTE 2015  
TRANSPORTATION INFORMATION  
ARRIVAL**

Please return no later than May 15, 2015.  
(Print or type)

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Please try to schedule arrival on Saturday, June 20, 2015, between 11AM and 3PM if possible.**

Transportation to Boston, MA by: \_\_\_\_\_Car \_\_\_\_\_Air \_\_\_\_\_Train or Bus \_\_\_\_\_Other

If other, please specify: \_\_\_\_\_

COMPLETE THE APPLICABLE SECTION FOR THE TRANSPORTATION YOU HAVE SELECTED.

**Car**

Arrival Time in Boston, MA: \_\_\_\_\_ Driver's Name: \_\_\_\_\_

**Air**

Arrival Time at Logan Airport: \_\_\_\_\_ Airline: \_\_\_\_\_

Flight Number: \_\_\_\_\_ Arriving from: \_\_\_\_\_

**Other**

Details: \_\_\_\_\_

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**RESEARCH SCIENCE INSTITUTE 2015  
TRANSPORTATION INFORMATION  
DEPARTURE**

Please return no later than May 15, 2015.  
(Print or type)

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Please plan to depart on Saturday, August 1, 2015 by 3pm if possible.**

Transportation from Boston, MA by: \_\_\_\_\_Car \_\_\_\_\_Air \_\_\_\_\_Train or Bus \_\_\_\_\_Other

If other, please specify: \_\_\_\_\_

COMPLETE THE APPLICABLE SECTION FOR THE TRANSPORTATION YOU HAVE SELECTED.

**Car**

Departure Time from Boston, MA: \_\_\_\_\_ Driver's Name: \_\_\_\_\_

**Air**

Departure Time from Logan Airport: \_\_\_\_\_ Airline: \_\_\_\_\_

Flight Number: \_\_\_\_\_ Departing to: \_\_\_\_\_

**Other**

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESEARCH SCIENCE INSTITUTE 2015**  
**FAMILY PROFILE**

Please return no later than May 15, 2015.  
(Print or type)

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

**FATHER OR MALE GUARDIAN** Relationship if not Father: \_\_\_\_\_

Name: \_\_\_\_\_  
(Mr./Dr./etc.) (Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City) (Postal Code) (Country)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Include Country Code) (Include Country Code)

Cell Phone: \_\_\_\_\_ Permanent E-mail Address: \_\_\_\_\_  
(Include Country Code)

Age: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Occupational History:

| <u>Position</u> | <u>Firm</u> | <u>Location</u> | <u>Dates</u> |
|-----------------|-------------|-----------------|--------------|
| _____           | _____       | _____           | _____        |
| _____           | _____       | _____           | _____        |
| _____           | _____       | _____           | _____        |

Educational Background:

| <u>Institution</u> | <u>Location</u> | <u>Dates</u> | <u>Degree</u> |
|--------------------|-----------------|--------------|---------------|
| _____              | _____           | _____        | _____         |
| _____              | _____           | _____        | _____         |
| _____              | _____           | _____        | _____         |

Academic, Professional, or Civic Awards:

| <u>Award Bestowed</u> | <u>Location</u> | <u>Dates</u> |
|-----------------------|-----------------|--------------|
| _____                 | _____           | _____        |
| _____                 | _____           | _____        |

**RESEARCH SCIENCE INSTITUTE 2015**

**FAMILY PROFILE (continued)**

Please return no later than May 15, 2015.  
(Print or type)

**MOTHER OR FEMALE GUARDIAN**

Relationship if not Mother: \_\_\_\_\_

Name: \_\_\_\_\_  
(Ms./Mrs./Dr./etc.) (Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (City) (Postal Code) (Country)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Include Country Code) (Include Country Code)

Cell Phone: \_\_\_\_\_ Permanent E-mail Address: \_\_\_\_\_  
(Include Country Code)

Age: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Occupational History:

| <u>Position</u> | <u>Firm</u> | <u>Location</u> | <u>Dates</u> |
|-----------------|-------------|-----------------|--------------|
| _____           | _____       | _____           | _____        |
| _____           | _____       | _____           | _____        |
| _____           | _____       | _____           | _____        |

Educational Background:

| <u>Institution</u> | <u>Location</u> | <u>Dates</u> | <u>Degree</u> |
|--------------------|-----------------|--------------|---------------|
| _____              | _____           | _____        | _____         |
| _____              | _____           | _____        | _____         |
| _____              | _____           | _____        | _____         |

Academic, Professional, or Civic Awards:

| <u>Award Bestowed</u> | <u>Location</u> | <u>Dates</u> |
|-----------------------|-----------------|--------------|
| _____                 | _____           | _____        |
| _____                 | _____           | _____        |

**RESEARCH SCIENCE INSTITUTE 2015****FAMILY PROFILE (continued)**

Please return no later than May 15, 2015.

(Print or type)

**SIBLINGS:**

Designate as full, half, or step: (f), (h), or (s):

| <u>Name</u> | <u>Age</u> | <u>Sex</u> | <u>Education Level/Degrees</u> |
|-------------|------------|------------|--------------------------------|
| _____       | _____      | _____      | _____                          |
| _____       | _____      | _____      | _____                          |
| _____       | _____      | _____      | _____                          |
| _____       | _____      | _____      | _____                          |
| _____       | _____      | _____      | _____                          |

Please name another person to contact such as grandparent, aunt, or uncle, in the event we are unable to locate you after the Research Science Institute.

Name: \_\_\_\_\_  
(Mr. & Mrs./Dr./Mr./Ms.) (Relationship)

Address: \_\_\_\_\_  
(Number) (Street) (City) (Postal Code) (Country)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
(Include Country Code) (Include Country Code)

Cell Phone: \_\_\_\_\_  
(Include Country Code)

Please return no later than May 15, 2015.  
(Print or type)

E-mail Address: \_\_\_\_\_

Do you posses a Yellow Card? ☐ YES ☐ NO If yes, Card Number: \_\_\_\_\_



**RESEARCH SCIENCE INSTITUTE 2015**  
**MEDICAL INFORMATION/PARENTAL CONSENT FORM (continued)**

Please return no later than May 15, 2015.

(Print or type)

**Emergency Contact Information**

Father/Male Guardian: \_\_\_\_\_  
(Mr./Dr./etc.) (Last) (First) (Middle)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number)

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Area Code) (Number)

Mother/Female Guardian: \_\_\_\_\_  
(Ms./Mrs./Dr./etc.) (Last) (First) (Middle)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number)

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Area Code) (Number)

Another Emergency Contact: \_\_\_\_\_  
(Mr./Ms./Mrs./Dr./etc.) (Last) (First) (Middle)

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Area Code) (Number)

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Area Code) (Number)

**RESEARCH SCIENCE INSTITUTE 2015**  
**MEDICAL INFORMATION/PARENTAL CONSENT FORM (continued)**

Please return no later than May 15, 2015.  
(Print or type)

**Health History**

*Please fill out all information completely and accurately so that we may ensure the best care for your student.*

Date of most recent physical exam (in past two years): \_\_\_\_\_

History of health problems or disabilities: \_\_\_\_\_

\_\_\_\_\_

History of mental health problems or disabilities: \_\_\_\_\_

\_\_\_\_\_

Do you have any special dietary requirements? \_\_\_\_YES \_\_\_\_NO

If yes, please give details on requirements and/or restrictions so that arrangements can be made:

\_\_\_\_\_

\_\_\_\_\_

Allergies to foods or medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medications to be taken, and any special arrangements required (e.g., refrigeration):

\_\_\_\_\_

\_\_\_\_\_

*Arrangements for medication must be made by parents and paid for prior to the institute.*

Dates of latest immunizations:

|       |                                     |       |                               |
|-------|-------------------------------------|-------|-------------------------------|
| _____ | Hepatitis B                         | _____ | Tetanus (DTP, DTaP, DT, TD)   |
| _____ | Polio                               | _____ | MMR (Measles, Mumps, Rubella) |
| _____ | Chicken Pox<br>(Contracted Disease) | _____ | Chicken Pox<br>(Vaccine)      |
| _____ | Yellow Fever                        |       |                               |

Date of latest tuberculosis skin testing (PPD): \_\_\_\_\_

Date of BCG tuberculosis vaccine: \_\_\_\_\_

**RESEARCH SCIENCE INSTITUTE 2015**  
**MEDICAL INFORMATION/PARENTAL CONSENT FORM**

Please return no later than May 15, 2015.  
(Print or type)

**MEDICAL AUTHORIZATION**

As a parent/guardian of \_\_\_\_\_, I hereby authorize representatives of the Center for Excellence in Education to authorize medical authorities to provide medical aid in the event my child is injured or otherwise requires medical attention during the 2015 Research Science Institute.

I certify that this student has medical insurance valid for medical treatment in the state of Massachusetts for the duration of RSI. I will pay for any treatment costs not covered by this insurance, including but not limited to the policy's deductible amount, co-pays, and prescription medicines.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Please print) (Area Code) (Number)

**Student's Passport Number:** \_\_\_\_\_

**REQUIRED BY THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY**

**MIT (Camp/Program) Health Form**

Health Provider may use this form, or attach own signed form.

Please return no later than May 15, 2015.

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Passport #: \_\_\_\_\_

Immunizations:

**\*\*You must supply us with a copy of your immunizations and dates. Religious exemption or medical exemption from these immunizations must be documented by parent or health care professional. The following are REQUIRED IMMUNIZATIONS by regulation in Massachusetts.**

Required:

*Measles* (2 MMR or 2 doses of rubeola: must be given age 1 year or older)

*Mumps* (1 MMR, or 1 dose mumps vaccine separately):

*Rubella* (1 MMR, or 1 dose rubella vaccine separately):

*Polio* (Minimum 3 doses)

*Tetanus:* (DTP, DT, Td, DtaP): (minimum 4 doses, and booster of TD required if 10 years since last dose.)

*Hepatitis B:* (Required if birthdate is 1992 or later:)

*Tuberculosis:* recent ppd test or statement of clearance for TB by health care professional:

We **STRONGLY** urge vaccination before entering campus and dorm life for

*Chickenpox or varicella:* Had disease \_\_\_\_\_ or vaccine date \_\_\_\_\_

*Meningococcal disease:* Vaccine date \_\_\_\_\_

**\*Medications child will be taking at the program:** (A medication administration form must be completed and signed by health care provider – see attached. To arrange for medical care for a chronic illness, allergy injections, etc., please call 617-253-1505. Pat Bartels, Nurse Practitioner, or Mark Goldstein, MD will call you back to arrange.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Allergies to foods or medications:**

\_\_\_\_\_  
\_\_\_\_\_

**\*Date of last health history, including allergies, and physical:** \_\_\_\_\_

(Must be within 24 months)

**Signature of Health Care Professional:** \_\_\_\_\_

**\*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.**

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

\_\_\_\_\_  
**Date**

**RESEARCH SCIENCE INSTITUTE 2015**  
**STUDENT RELEASE FORM**

Please return no later than May 15, 2015.  
(Print or type)

I, \_\_\_\_\_, a student at \_\_\_\_\_,  
(Name of Student) (Name of High School)

grant permission to the Center for Excellence in Education to use my name, photograph(s), and personal data for publicity purposes. This permission also includes interviews with the press or broadcast media, and any information related to my participation in the Research Science Institute and its associated activities.

Student's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian's Name (Print)

\_\_\_\_\_

Parent or Guardian's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**RESEARCH SCIENCE INSTITUTE 2015  
MISCELLANEOUS INFORMATION**

Please return no later than May 15, 2015.  
(Print or type)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local and/or state newspapers/journals to be notified of your acceptance to RSI:

Name of Publication: \_\_\_\_\_

Editor's/Reporter's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## **Liability Release, Waiver, Discharge and Covenant Not to Sue**

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the Massachusetts Institute of Technology ("MIT").

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the program, trip or other activity described on Exhibit A<sup>1</sup> which is attached to and incorporated in this Release (the "Activity"). As the undersigned Releasor, I understand that MIT does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received including assistance provided by MIT, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this activity, and I release MIT and all of its affiliates, divisions, departments and other units, committees and groups, and its and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, agents, administrators, assigns, and contractors (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

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

**I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.**

**THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.**

\_\_\_\_\_  
(Releasor's Signature)

\_\_\_\_\_  
(Parent's Signature, if Signatory is minor)

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

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

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

<sup>1</sup> The description of the Activity expressly includes any extensions of time, changes or modifications of the Activity, whether planned or not planned.