



CASCADE 2016 APPLICATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Email: _____

School: _____

Grade: _____

What's Cascade?

Cascade is a free program on five Saturdays from October 8 to November 5 on MIT's campus. You get to choose two totally awesome classes to take with your peers from a variety of schools in the Boston area. We'll make sure you won't be bored! Class descriptions can be found later in this application. Cascade runs from 10am to 2pm including lunch, provided by us. All applications are due on September 30th. You can ask your school to send the application or send it to us at:

MIT Educational Studies Program
84 Massachusetts Ave., Room W20-467
Cambridge, MA 02139

If you have any questions about the program or the application, email us at

cascade@mit.edu and we'll get back to you as soon as we can!

Application Questions

Why do you want to attend Cascade? *(2 sentences)*

What is one thing you have always wished you could learn more about at school? *(2 sentences)*

What is one thing you hope to learn or do at Cascade? *(1 sentence)*

What is one thing that you do for fun? *(1 sentence)*

Classes offered in 2016

Core classes

Games, Numbers, and How to Win

Let's play a game! I have a very large chess board and I place a rook somewhere on it. On your turn, you must move the rook one or more squares to the left or one or more squares up. The first player who is unable to make a move loses! How do you win? Can you win? In this class, we'll play games like this one and develop the math that will allow us to learn how to win them.

The Words in Me

There's a simple secret to the people who always look more confident than you ever feel: they understand themselves better. Through a series of simulation games, activities, videos, and group working sessions, we'll start thinking about about ourselves and our lives from a new perspective. We'll discuss, debate, argue, blog, journal, use spoken word -- whatever we want to do to articulate ourselves to the world around us. With articulation comes a feeling of comfort in your own skin, and that's our ultimate goal in this course.

Crime Scene Investigation

Learn through hands-on activity about the chemistry behind forensics analysis. *Some chemistry background is useful, but not necessary.*

Making Games with Gameblox

Make small, simple games using Gameblox, an online blocks based programming environment made here at MIT. So far, users have made a wide range of games, from tower defense, to maze, and item collection games. By applying basic programming concepts, you'll make something fun that others can play online. No previous programming experience is required.

Electives

Besides the four core classes being offered, you can choose to attend electives class! Electives will consist of a different class taught by different teachers every week, so you can learn a little bit about a lot of things. Please note that you cannot sign up to take electives both periods, but you can choose to attend two core classes and no electives.

Please rank your class preferences for each period (1-3, 1 being your first choice):

1st Period:

___ Games, Numbers, and How to Win

___ Crime Scene Investigation

___ Elective

2nd Period:

___ The Words in Me

___ Making Games With Gameblox

___ Elective

Logistical Questions

How will you arrive at MIT?

- A parent or guardian will drive me
- I will take the bus/T
- I will walk/bike
- Other: _____

Do you have access to a computer at home that you can use during the week? Yes No

If you answered yes, do you have access to reliable internet access? Yes No

Cascade runs from 10am to 2pm on Saturday afternoons from October 8th to November 5th

By signing below, I acknowledge that I am expected to attend all four hours of the program for each of the five weeks.

Student signature

Date

Print name

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Educational Studies Program, an MIT Student Group
77 Massachusetts Avenue
W20 4th Floor, Room 467
Cambridge, MA 02139

Building W20-467
(617) 253-4882
(708) 253-4881 Fax
esp@mit.edu



**Educational Studies Program, an MIT Student Group
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 Releasors 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 in the Description of Cascade below. 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 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 THIS FORM CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Signature of Releasor (Student)

Signature of Parent/Legal Guardian (if student is a minor)

Print Name

Print Name

Date

Date

Description of Cascade

Cascade 2016 is a project of the MIT Educational Studies Program, an MIT student group. Cascade offers non-credit enrichment courses over five Saturdays from October 8 to November 5, 2016, 10am-2pm.. Student participation may be recorded on digital or film photograph, videotape, audiotape, or any other medium. Parents may not attend classes except under special circumstances at the discretion of the program directors and teacher(s). Students may only attend classes for which they are registered to attend. **Students must have the maturity to independently navigate the urban college campus at MIT, as they are not under the supervision of the Cascade staff outside of class time and scheduled lunch.**

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(708) 253-4881 Fax
esp@mit.edu



Photo Release

I grant the MIT Educational Studies Program (ESP), located at 84 Massachusetts Avenue, Cambridge, MA, U.S.A., and Learning Unlimited, Inc. (“Learning Unlimited”), located at 527 Franklin Street, Cambridge, MA, U.S.A., the perpetual, non-exclusive, royalty-free right and license to:
1 - Record my participation and appearance on digital or film photography, videotape, audio tape, or any other medium (collectively, the “Recordings”) during Cascade {as detailed in the Description of Cascade}.

2 – Use my name (or any fictional name), likeness, voice and biographical material in connection with these Recordings to be used only in or for ESP and/or Learning Unlimited written, electronic, and web publications (Purpose).

3 – Reproduce, distribute, publicly display and/or publicly perform, in print, electronic or any other medium, copies of the Recordings, in whole or in part. Grantor represents that he or she possesses all rights necessary to grant this permission for and in connection with the Purpose.

Please pick one of the two following options:

_____ This grant of rights is made voluntarily by me. I further agree to release and forever discharge MIT and Learning Unlimited, and their respective agents, employees, and designated representatives, from any and all claims in law or equity that I, or my heirs or personal representatives, have or shall have, arising out of recordings. This release is signed in accordance with the laws of the Commonwealth of Massachusetts.

Signature of Releasor (Student)

Signature of Parent/Legal Guardian (if student is a minor)

Print Name

Print Name

Date

Date

--or--

_____ I do not grant these rights to Cascade or any of its affiliates.

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PARENTAL CONSENT/MEDICAL & EMERGENCY CONTACT FORM

PLEASE BE AWARE THAT THIS FORM IS ONLY USED IN CASE OF EMERGENCY. IF THE STUDENT HAS A CONDITION THAT THE TEACHERS OR PROGRAM DIRECTORS SHOULD BE AWARE OF, PLEASE EMAIL THE PROGRAM DIRECTORS AT cascade-medical@mit.edu IN ADDITION TO NOTING THE CONDITION ON THIS FORM

Student Name: _____
Last First Middle

Home address: _____ Birth date: _____
_____ Cell (optional): _____

Family Physician: _____
Name Phone

Health Insurance: _____
Name of Insurance Company Primary Subscriber Policy Number

Note: Health insurance is *required* for attendance at Cascade, see here: <esp.mit.edu/learn/Cascade/MedicalFAQ.html>

History of significant health problems:

Allergies to medications or food:
(ex. animals, latex, food, meds)

List any medications student will/may be taking during the program:

Date of last tetanus booster: _____

Any other health issues that MIT and/or ESP should be aware of?

I am not aware of any medical conditions which would interfere with _____'s (student name) participation in this activity and I hereby grant permission for my child to participate in Cascade {as described in the Description of Cascade on pg 1}.

Additionally, in case of emergency and if I/we cannot be reached, I, the undersigned parent/guardian of the above-named child, do hereby authorize the MIT program representatives to seek medical attention deemed necessary, by qualified medical personnel, during the entire time that my child is participating in this program. I/we understand that I/we will be responsible for any medical charges incurred in the treatment of my child, in the case of an emergency, that are not covered by my family's health insurance.

Signature of Parent or Guardian

Date

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Emergency Contact Information

Parent/Legal Guardian 1(required)

Name: _____

Relation to Student: _____

Day Phone: _____

Evening Phone: _____

Email: _____

Other Emergency Contact (strongly suggested)

Name: _____

Relation to Student: _____

Day Phone: _____

Evening Phone: _____

Email: _____

Comments on reaching parent/guardian and emergency contacts: