## 2025 Drury Pre-College Summer Programs Application

JULY 7-18, 2025

@ The Summit Prep School, 202 E. Walnut Lawn, Springfield

Name		Preferred name	
Gender	Birth Date//	Age Grade as of April	FOR OFFICE
Student t-shirt	Child SmallChild Medium	Child LargeAdult SmallAdult Medi	umAdult Large USE ONLY
Mailing address		City State	Zip DR
			AR MP
Parent/Guardian 1	Name	Work Place	LR
	Email	Work Place Phone <u>(</u>	<u>) -                                    </u>
Parent/Guardian 2	Name	Work Place	S
	Email	Phone(	
Qualification for Drury	Pre-College Programs Student	must qualify in one major area listed.	CL EMAIL
	• •	Pals, Quest, Fallscape, Winterscape)	COV
	rollment in a state-approved gift		
		Date of Tes	st
	ty in academic and creative area		
Pre-K, K and 1 <sup>st</sup> grade	students may be recommen	led by a parent or guardian. No IQ test rec	juired for PK, K and 1 <sup>st</sup> .
School official name		School Attending	
Email		Phone <u>(</u>	<u>)    -                                </u>
	y Box Physics (\$15 lab fee)	<ul> <li><u>Grade 3 - Maker Moveme</u></li> <li><u>Grade 4 - Art of Math (\$1</u></li> <li><u>Grade 5 - STEM Gaming (\$</u></li> <li>ons or allergies. Attach pages as necessary.</li> </ul>	5 lab fee)
List two people who she	-	MERGENCY CONTACTS mergency if we cannot reach the parent. Let th	use nearly know that they
are your emergency co		inergency if we cannot reach the parent. Let th	ese people know that they
Emergency Contact			
	Phone()		
Emergency Contact			
	Phone()		
		YMENT INFORMATION	
		by May 31. Cost schedule is \$195 by May 31;	\$215 June 1-15; \$230 June 16-
July 1. The full payment must be sent with the application unless applying for a scholarship. Please make checks payable to: Pre-College Programs – Drury University			
900 North Benton Ave, Lay Hall 103			
		65802 OR EMAIL APP TO mpotthof@drury.ed	lu
Credit card payments h		ay with a credit card, click "PAY ONLINE" on the	
How did you hear abou	It our program?		

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## AUTHORIZATION, RELEASE, AND INDEMNITY AGREEMENT OF PARENT

The child listed has my permission to participate in classes, activities, and field trips with Drury University. I understand and acknowledge that these activities and experiences, including, but not limited to, bus trips, swimming, craft activities, walking trips, residential activities, walking to and from class, have significant inherent risks, including, but not limited to, the risk of bodily injury, illness, death, damage or loss to person or property. I acknowledge that a complete listing of risks is not possible, and that risks may exist that cannot be anticipated. I understand that participation in this program at Drury University is completely voluntary and that the child is not required to participate. Knowing these risks, I authorize participation by the child in classes, activities, and field trips with Drury University and assume responsibility for my child for any and all bodily injury, illness, death, damage to or loss of personal property, and all expenses thereof, which may occur as a result of my child's participation in such activities.

As the parent/legal guardian of the child, I unconditionally release and waive whatever claims or causes of action the child might have against the Released Parties during minority. This document uses the term "Released Parties" to mean Drury University, its trustees, officers, directors, faculty, staff, volunteers, employees, and agents. I also release any causes of action I might personally acquire or have, either directly or by reason of my relationship to the child, for any actions or inactions of the Released Parties except for intentional misconduct or gross recklessness. This Release specifically includes negligence on the part of the Released Parties or of any service provider, including health care institutions and personnel selected by the Released Parties. I also understand this release is absolute and unconditional.

I also independently guarantee to indemnify any of the Released Parties should any action to recover for any damages or loss to the child or the child's property, or to anyone claiming by relationship to the child, be brought against any Released Party touching upon or arising by reason of activities related to the child's experience at Drury.

In case of a health emergency involving the child, I authorize any of the Released Parties to obtain medical treatment for the child and agree to release, indemnify, and hold harmless the Released Parties from any loss, cost, judgment or other harm, including attorneys' fees, which might come to them if my child or anyone claiming by or through my child should ever institute litigation against any of the Released Parties relating to the child's emergency medical treatment. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the child.

I acknowledge and agree that the child must abide by all rules of the program, including dormitory general rules and any additional instructions from faculty and staff and that failure to do is grounds for immediate expulsion from the program.

I grant permission for Drury University to photograph, record or videotape the child during Drury activities and to use those materials for promotional or other purposes chosen by the Administrative Board for Pre-College Programs. This Agreement binds my heirs and successors.

Child's Name (Print)

Parent/Guardian Name (Print)

Parent/Guardian Signature

## **COVID-19 PANDEMIC AGREEMENT**

By signing the Pandemic agreement I agree to the following:

I voluntarily agree to abide by all of the university/college and Pre K-12 school protocols, and assume all risks and accept sole responsibility for myself and any member of my family, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my attendance in activities or participation in experiences.

Participant Signature

Date

Parent/Guardian Signature

**Printed Name** 

Printed Name

Date