

# 2025 Drury Pre-College Summer Programs Application

Summerscape

DLA

Name \_\_\_\_\_ Preferred name \_\_\_\_\_ Pronouns \_\_\_/\_\_\_  
 Gender \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade as of April \_\_\_\_\_ Graduation Year 20 \_\_\_\_\_  
 Residential \_\_\_Yes \_\_\_No If yes, Roommate Request \_\_\_\_\_  
 Student t-shirt (adult sizing) \_\_\_Small \_\_\_Medium \_\_\_Large \_\_\_X Large \_\_\_XX Large  
 Student phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Student email \_\_\_\_\_  
 Student address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Main Parent/ Guardian contact Name \_\_\_\_\_ Work Place \_\_\_\_\_  
 Email \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Parent/Guardian 2 Name \_\_\_\_\_ Work Place \_\_\_\_\_  
 Email \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_-\_\_\_\_

FOR OFFICE USE ONLY  
 DR \_\_\_\_\_  
 AR \_\_\_\_\_  
 MP \_\_\_\_\_  
 LR \_\_\_\_\_  
 INS \_\_\_\_\_  
 HF \_\_\_\_\_  
 AM \_\_\_\_\_  
 PM \_\_\_\_\_  
 RES \_\_\_\_\_  
 S \_\_\_\_\_  
 OWE \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 RULES \_\_\_\_\_  
 MED \_\_\_\_\_  
 TREAT \_\_\_\_\_  
 COV \_\_\_\_\_

**Yes!** I (student and guardian) have read and understand the rules found online under "Scape/DLA Information & Resources" at [www.drury.edu/giftededucation](http://www.drury.edu/giftededucation)

### COURSE SELECTIONS

Classes are offered in the morning and afternoon for both Summerscape and DLA. Residential students must be enrolled in a morning and afternoon class. Rank all of the courses in order of your preference. Courses will be filled by the order in which we receive wholly-completed enrollment materials.

#### Summerscape Morning Courses 9 a.m.- Noon

- Lights, Puppet, Action
- CSI Hawaii \$10 fee
- Spy Games
- Podcast Palooza
- My Shape in this World
- Movie Making
- Portraiture

#### Summerscape Afternoon Courses 1 p.m.- 4 p.m.

- Agents of Shield
- Drumline
- Origami
- Hunger Games \$40 fee
- Vet Science
- Digital Art \$10 fee

#### DLA Morning Courses 9:15 a.m.- 12:15 p.m.

- Civil Discourse
- Protest Movement
- Photography \$10 fee
- Art of War

#### DLA Afternoon Courses 1:15 p.m.-4:15 p.m.

- Improv
- Philosophy
- Game of Thrones
- Swift Effect

### Qualification for Drury Pre-College Programs. Students must qualify in one major area listed.

Previous attendance in a Drury Pre-College Program (Pals, Quest, Scape, DLA, Fallscape, Winterscape)  
 Previous/Current enrollment in a state-approved gifted program  
 115+ IQ Score \_\_\_\_\_ Test \_\_\_\_\_ Date of Test \_\_\_\_\_  
 Grade point average of 3.5 or above GPA \_\_\_\_\_ Date \_\_\_\_\_

Certification by school official (principal, counselor, teacher) that the above information is accurate.

School official name \_\_\_\_\_ School Attending \_\_\_\_\_  
 Email \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_-\_\_\_\_

### STUDENT HEALTH INVENTORY

My student has permission to take/use: \_\_\_Tylenol \_\_\_Pepto-Bismol \_\_\_Ibuprofen \_\_\_Benadryl \_\_\_Calamine Lotion  
 List medical conditions that require daily medication, as well as all allergies, and specific dietary needs.

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

List any medications that your student takes. (Provide specific information in Medical Information section)

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**MEDICAL INFORMATION**

At check-in for camp, you will be asked to provide enough medication to last the duration of camp. All medications, including vitamins and herbal supplements, MUST be in their original containers and clearly labeled with your student’s name. Those medications MUST be turned in to the camp nurse on check-in day to be locked and secured in the residential staff office. Provide complete information on those medications, including dosages and instructions for dosing, below. Attach pages as necessary.

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**INSURANCE VERIFICATION**

EACH STUDENT MUST BE COVERED BY MEDICAL INSURANCE PROVIDED BY PARENTS OR GUARDIANS. It is understood that Drury Pre-College staff will use insurance information in the event of a medical emergency to preserve the immediate well-being of the named student. Any expenses incurred as a result of use of these provisions will be the responsibility of the undersigned individuals. The undersigned individuals grant permission for treatment.

Student \_\_\_\_\_ is covered by the following medical insurance policy provider \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Address of Policy Holder IF different from student \_\_\_\_\_

**EMERGENCY CONTACTS**

List two people who should be contacted in case of an emergency if we cannot reach the parent. Let these people know that they are your emergency contacts during camp

Emergency Contact Name \_\_\_\_\_  
1 Relationship to Student \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
2 Relationship to Student \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PAYMENT INFORMATION**

**Payment must be included.** Full class cost \$125 X # of classes and/or scholarship documents must accompany the application. Residential students also pay \$425 along with the class costs. Total cost for residential students (without specific class fees): \$675. **Cost schedule** is \$125 per class if register by May 1; \$135 per class May 2-31; \$150 per class June 1-30.

Please make checks payable to: Pre-College Programs – Drury University  
900 North Benton Ave, Lay Hall 103  
Springfield, Missouri 65802

Credit card payments have a 2.75% processing fee. To pay with a credit card, click “PAY ONLINE” on the website.

You can also email the completed application to [mpotthof@drury.edu](mailto:mpotthof@drury.edu)

**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
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**COVID-19 PANDEMIC AGREEMENT**

By signing the Pandemic agreement I agree to the following:

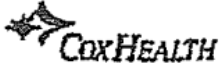
I voluntarily agree to abide by all of the university/college and Pre K-12 school protocols, and assume all risks and accept sole responsibility for myself and any member of my family, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or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

Participant Signature	Printed Name
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Date	
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Parent/Guardian Signature	Printed Name
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Date	
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REGIONAL SERVICES

Authorization for Consent to Treatment of a Minor

Authorization is given to Drury University to consent to medical treatment for my child if I (we) the parent(s) or guardians are not available at the time of my child's injury, illness or routine scheduled medical care. Authorization is also given to Drury University to authorize admission to the hospital for my child if in my (our) absence admission to the hospital is recommended by our private physician or a consulting physician of his/her choice due to injury or illness. I (we) accept responsibility for all charges related to any medical treatment or hospitalization rendered by reason of this authority.

Time frame for use of this consent: (If no date indicated, effective for 12 months from date below)
Child's birth date:
Physician: Physician phone number:
Name of Parent(s) Phone number:
Address: City: State: Zip:
Signature of Parent: Relationship:
Date: