

APPLICATION MUST BE MAILED OR EMAILED....no automatic online application

2019 Winterscape – Don't forget to include Health & Liability Form Below

Name _____ Name you go by _____
 Age ____ Current Grade ____ Date of Birth _____ Grad Year ____ Gender ____
 Address _____ City _____ St ____ Zip ____
 Telephone No.(____) _____ Contact E-mail _____
 Cell Phone (____) _____ School Attending _____
 Name & email of gifted teacher or counselor _____
 Parents' Legal Guardian Names _____
 Father's Place of Employment _____
 E-mail _____ Phone _____
 Mother's Place of Employment _____
 E-mail _____ Phone _____

Please attach recent photo

DR _____
 AR _____
 MP _____
 LR _____
 HF _____
 AM _____
 S _____
 OWE _____
 EMAIL _____
 CC _____
 Survey _____

NOT FOR PK, K, & 1ST. Please indicate with an "X" **one** of the possible ways in which the above student qualifies. A student must qualify in one major area (I, II, III, IV). **NOT NECESSARY FOR PK, K, AND 1ST GRADE!**

- I. **Previous Attendance in Summerscape/Summer Quest/Fallscape/Winterscape**
- II. **Previous/Present Attendance in a State-Funded Gifted Program**
- III. **IQ-student must have a 115 or above to qualify. IQ: _____ Test: _____ Date: _____**
- IV. **Grade Point Average of 3.5 or above on core curriculum. GPA: _____ Date: _____**

Certification by School Official (principal, counselor, teacher) the above information is correct.

Signature _____ Phone _____ E-Mail _____

Course Selections

Courses will be filled in the order that all properly completed enrollment materials, class cost or scholarship application, are received in the Pre-College office at Drury University. We anticipate filling quickly. Apply early.

Class for PK, K & 1ST Graders
 _____ Into the Deep

Class for 2nd & 3rd Graders
 _____ World of Games

Class for 4th, 5th, & 6th Graders
 _____ It's All A Game

WEATHER CANCELTION
 We will notify you by 8 am if classes are canceled due to weather. Please make sure you give us a neatly printed email address above and one that you check regularly.

PAYMENT of \$60 must be included, or indicate financial need scholarship.
 (See costs and scholarship information on website)

Please make checks payable to: PRE-COLLEGE PROGRAMS - DRURY UNIVERSITY
 900 North Benton Ave., Lay Hall 103*Springfield, Missouri 65802 (417) 873-7386*mpothof@drury.edu

IF PAYING WITH CREDIT CARD = a 2.75% surcharge AND it MUST BE DONE ON-LINE
 COST IS \$61.65 _____ indicate with an X you paid online.

STUDENT NAME _____

STUDENT HEALTH INVENTORY

Must be completely filled out and returned. We use this information to: Brief kitchen staff about diet needs and provide staff with background about your child. *Receiving adequate information prior to your child's arrival is crucial to our ability to provide a supportive environment.* Not all dietary and medical needs can be accommodated.

Gender _____ Age _____ Birthdate _____ / _____ / _____ Parent or Guardian _____
Day Phone _____ Evening Phone _____ Cell Phone _____ City _____
Address _____ State _____ Zip _____
Doctor's Name _____ Phone _____ Dentist's Name _____ Phone _____

HISTORY: Please list, (on a separate piece of paper) any conditions, problems, dietary needs or allergies, no matter how small. We are not able to accommodate all needs. If you have specific dietary needs (other than vegetarian), please contact us.

EMERGENCY: List names and phone numbers of persons we should call in an emergency and we couldn't reach a parent.

(name) (tel. no.) (name) (tel. no.)

WHAT HAVE WE FORGOTTEN TO ASK? Please attach any additional information we should know.

AUTHORIZATION, RELEASE, AND INDEMNITY AGREEMENT OF PARENT OR GUARDIAN

The child listed below 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

Date

Parent/Guardian Phone Number & E-mail Address

