

## 2026 Drury Pre-College Summer Programs Application

Summerscape

DLA

Name \_\_\_\_\_ Preferred name \_\_\_\_\_ Pronouns \_\_\_\_\_ / \_\_\_\_\_

Biological Sex \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade as of April \_\_\_\_\_ Graduation Year 20\_\_\_\_\_

Residential  Yes  No If yes, Roommate Request/Concern \_\_\_\_\_

Notes/details about roommate \_\_\_\_\_

Student t-shirt (adult sizing)  Small  Medium  Large  X Large  XX Large

Student phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Student email \_\_\_\_\_

Student address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Work Place \_\_\_\_\_

Email \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Work Place \_\_\_\_\_

Email \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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

FOR  
OFFICE  
USE ONLY

DR \_\_\_\_\_  
AR \_\_\_\_\_  
MP \_\_\_\_\_  
LR \_\_\_\_\_  
INS \_\_\_\_\_  
HF \_\_\_\_\_  
AM \_\_\_\_\_  
PM \_\_\_\_\_  
RES \_\_\_\_\_  
S \_\_\_\_\_  
OWE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
RULES \_\_\_\_\_  
MED \_\_\_\_\_  
TREAT \_\_\_\_\_

## 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. Mark courses with a "0" if you are unwilling to take that course. Courses will be filled by the order in which we receive wholly-completed enrollment materials. \$ denotes a lab fee to be assessed when enrollment materials have been received. **Do not send money for lab fees before being assigned to courses.**

Summerscape Morning Courses 9 a.m.- Noon

- Podcasting
- Coaster Engineering: Build Your Own Thrills
- Spy Games
- Medical Detective: Explore, Diagnose, Heal
- Movie Making
- Lights, Puppet, Action!
- Master the Odds: The Science of Ricks, Strategy & Probability

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

- Bright Minds: Shark Tank Brainstorming in Color
- Drumline
- Give & Take! The Hidden Rules of Human Interaction
- Hunger Games: Archery, Engineering & Literature \$
- Vet Science
- Digital Art \$
- The Enigma Initiative

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

- Pathfinders: Medical Adventures
- May the Farce Be With You
- Engineered Gliders
- Sociology of Drury Use in America

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

- DLA Improv Throwdown
- It's All in Your Head: Philosophy 101
- The Movement Lab
- The Making of Americana Through Music

**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 \_\_\_\_\_

## 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.

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## MEDICAL INFORMATION

At check-in, 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.

## 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 registered by April 30; \$135 per class May 1-31; \$150 per class June 1-July 8.

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, as well as share information with parties as necessary. This Agreement binds my heirs and successors.

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Child's Name (Print)

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Parent/Guardian Name (Print)

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Parent/Guardian Signature