

2023 Drury Pre-College Fallscape Application

October 7, 2023 9 am–3 pm

**FOR
OFFICE
USE ONLY**

Name_____ Preferred name_____

Gender_____ Birth Date____/____/____ Age_____ Grade as of August_____

Mailing address_____

City_____ State_____ Zip_____

School Attending_____ Phone(____)____ - _____

DR_____

AR_____

MP_____

CL_____

ES_____

Teacher's Email_____

Parent/Guardian Name_____ Place of Employment_____

1 Email_____ Phone(____)____ - _____

Parent/Guardian Name_____ Place of Employment_____

2 Email_____ Phone(____)____ - _____

CAMP DESCRIPTION

Join Us for a Spooktacular Time at Fallscape

We have spooky fun for all our Fallscapers from pre-K to 6th grade. Did you know Jack-o-Lanterns were originally carved from turnips? Or that fall holiday traditions date back over 2,000 years? Fallscapers will learn some of the more obscure facts about the fall holidays, while also experiencing Spooky Science, hearing Tales of Tricks or Treats, and creating Creepy Crafts.

STUDENT HEALTH INVENTORY

List any medical conditions or allergies. Attach pages as necessary.

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 Name_____ Relationship to Student_____

Contact 1 Phone(____)____ - _____

Emergency Name_____ Relationship to Student_____

Contact 2 Phone(____)____ - _____

PAYMENT INFORMATION

Payment must be included. Camp cost is \$75. 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
Springfield, Missouri 65802

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

How did you hear about our program?

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