

# Dripping Springs ISD Community Services

Presents . . .

## Hill Country Karate



Voted the "Most Outstanding Community Educator of the Year" by the Texas Community Education Association.



### 2017 Summer Session

**Wed, June 14 — August 9 (RSE)**

Register online @ <http://drippingspringsisd.revtrak.net>, submit the attached form to the Community Service Office, or call (512) 858-3021.  
Please refer to our Refund Procedure online.

**Summer Session**  
**Rooster Springs**  
**Gym 1001 Belterra**  
**Dr. Austin, TX.**

**No Class July 5th!**

# Karate For All Ages

- Improves self-esteem and confidence!
- Promotes good attitudes!
- Encourages good grades!
- Provides self-defense skills!
- Discourages drug use!

**8 Class session**  
**\$60.00 per session**  
Optional: \$50 fee includes:  
**New Students:**  
Uniform and belt promotion.  
**Returning Students:**  
Competition fee for one tournament  
or one junior karate camp during the  
course of particular session.

### Days/Time:

**Wednesdays**  
**Ages 5 to 12**  
**6:30 - 7:30 PM**  
**Ages 13 & Up**  
**7:30 - 8:30 PM**

All white karate uniform with elastic waistband required. **Optional \$50 fee to be paid to DSISD for: New Students** — Uniform and first belt promotion. Returning or Advanced Students — Competition fee for one tournament or one junior karate camp during the course of particular session. Money will not be collected on site. Call (512) 858-3021.

#### DSISD COMMUNITY SERVICES REGISTRATION FORM

**MAIL TO:** DSISD Community Service Office  
P.O. Box 479 510 W. Mercer  
Dripping Springs, TX 78620

<http://drippingspringsisd.revtrak.net>

**DO NOT SEND FORM BACK TO  
YOUR CHILD'S SCHOOL!**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade 2016/2017 \_\_\_\_\_ Parents Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Emergency Number \_\_\_\_\_

<u>Location</u>	<u>Day</u>	<u>Dates</u>	<u>Time</u>	<u>New or Returning</u>	<u>Fee</u>
RSE (Ages 5-12)	Wednesday	June 14 — Aug 9	6:30 — 7:30 PM	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> \$60
RSE (Ages 13 & Up)	Wednesday	June 14 — Aug 9	7:30 — 8:30 PM	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> \$60
Optional					<input type="checkbox"/> \$50
NO confirmation or reminder cards/calls will be given.			MAKE CHECKS PAYABLE TO: DSISD	TOTAL FEE	

**REFUND POLICY:** We will be happy to refund the full amount of tuition, less a \$10 processing fee, when you cancel prior to one week before the camp begins. No refunds will be given after this time. Any changes to registrations prior to one week before camp begins will result in a \$10 processing fee. No changes will be made after this time. Fees will not be prorated for late enrollment or missed classes. I have read and acknowledge the refund policy.

**PICTURE/VIDEO RELEASE AGREEMENT:** Student and Parent/Guardian release to DSISD the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by DSISD. DSISD and the agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for honoring students, public relations, public information, school or district promotion, publicity and instruction. Student and Parent/Guardaian understand and agree that: No monetary consideration shall be paid; Consent and release have been given without coercion or duress; This agreement is binding upon heirs and/or future legal representatives: The photo, video, student name, art work, written work, or students statement may be used in subsequent years.

**WAIVER OF CLAIMS:** I authorize the Dripping Springs ISD, its employees to transport me or my child(ren) to the hospital, doctor, or dentist in the event of an injury or accident. I agree to assume all medical costs incurred. I further release Dripping Springs ISD, its employee from all claims and responsibility for physical injury and property loss.

Signature \_\_\_\_\_

Date \_\_\_\_\_