



Dripping Springs Independent School District  
Community Education presents . . .

**Holiday Sport & Recreational Camp**  
**December 17-21**  
**at Walnut Springs Elementary**  
**Open to DSISD elementary students!**

**Registration Deadline: Tuesday, December 11. No refunds given after this date.**

Join us for a week of holiday fun! Students will enjoy a fun-filled week of activities led by DSISD staff. Activities will include a variety of sports, arts & crafts (great gifts for giving), movie time, board games, etc. **This camp is perfect for working parents, as well as those parents who need extra time preparing for the holidays.** Students will need to bring a sack lunch and two snacks each day. Don't miss out on this FUN week!

**Note: Camp will dismiss at 1:00pm on Friday.**

Mon-Fri 5 Days Dec 17-21  
7:30am-5:30pm (Mon - Thur) and 7:30am-1:00pm (Fri) Walnut Springs Elementary Cafeteria  
Fee: \$140 + \$15 Supply Fee (payable to instructor on first day)  
Instructors: Chandra Betak and Jaime Dydalewicz



**See back for details! Signature required.**

**D. S. I. S. D. COMMUNITY EDUCATION ENROLLMENT/RECEIPT FORM - 858-3021**

MAIL OR DELIVER REGISTRATION FORM & PAYMENT TO: Dripping Springs ISD Community Education  
510 W. Mercer Street, P. O. Box 479 Dripping Springs, Texas 78620 Phone (512) 858-3021  
*Please Print*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

COURSE DESCRIPTION	FEE
<b>Holiday Camp - Walnut Springs Elementary</b>	\$ <b>\$140.00</b>
_____	\$ _____

I authorize the Dripping Springs ISD, its employees and agents 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 employees and agents from all claims and responsibility for physical injury and property loss.

**TOTAL** \$ \_\_\_\_\_

*Checks payable to : DSISD*

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-mail address



If you wish to pay by credit card, complete the following information for credit card acceptance:

Please check your card type: \_\_\_\_\_ Visa  \_\_\_\_\_ MasterCard 

Account # \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Print name as it appears on your credit card: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:	
Cash	Check
Money Order	
Payment Received: _____	
Ck # _____	Date: _____
Cash _____	

**For more information, please call 858-3021**

# 2007 DSISD Holiday Sport & Recreational Camp

**I have read both sides of this form and understand the following: (please check)**

- No refunds are given after Wednesday, December 11.**
- A \$15 supply fee is due the first day of camp, payable to the instructors.
- The latest pick up time is 5:30 p.m., Mon.-Thurs., and 1:00pm on Fri. There will be a late charge of \$1.00 per minute after release time. This late charge is due at the time of pick-up and must be paid before your child attends the next day.
- Children who repeatedly hurt themselves, others, or property, or are repeatedly picked up late are subject to exclusion from the camp, without refund.
- Verbal abuse, physical abuse, or sexual harassment of students or staff members by students or their parents are subject to exclusion from the camp.
- Personal toys/games are allowed during certain times of the day. All items should be visibly marked.
- DSISD is not responsible for lost or broken personal items.

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## Video Form

Video programs and movies will be shown through the Kidz Korner program. Titles currently in the school library may be shown as well as other legally-acquired non-rated, G and PG rated videos. Please respond below regarding your child's participation in the viewing of this material.

- My child MAY view PG video material
- My child MAY NOT view PG video material

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## Picture/Video Release Agreement

**Student and Parent/Guardian release to Dripping Springs I.S.D. the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by DSISD.** DSISD Community Education 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/Guardian 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 statements may be used in subsequent years.  
**DSISD has no control of media use of pictures/statements which are taken without permission.**

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## Emergency Medical and Field Trip Form

I authorize the Dripping Springs ISD, its employees and agents 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 employees and agents from all claims and responsibility for physical injury and property loss.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Field Trips:** I hereby grant permission for my child named above to make any and all field trips in or out of the limits of the Dripping Springs Independent School District made by Holiday Camp under the sponsorship of the Dripping Springs Independent School District. Some of these trips may be walking ones to points of interest near the school, while others will be by motorbus operated and insured as required by the laws of the State of Texas for public school transportation. I further understand that children will be informed in advance of any trip so they may inform their parents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Limited enrollment - Register Early!**