

DARE TO DISCOVER: HAP SUMMER INTERSESSION PROGRAM

Registration Information: PLEASE REGISTER BY PHONE BEFORE JUNE 5

Student's Name: _____ **DOB:** _____ **Home Phone:** _____

Home Address: _____ **City:** _____ **Zip:** _____

Gender: ___ **Entering Grade:** ___ **Current School:** _____

T-Shirt size: Child 6/8 ___ 10/12 ___ 14/16 ___ Adult S ___ M ___ L ___ XL ___

Parent/Guardian's Name: _____

Business/Cell Phone: _____

Code:

Check the appropriate statements:

- I have registered by phone (817.871.2392) before mailing this form. (Required)
 I have attached a copy of the most recent report card. (Required)
 My child attended Dare to Discover last summer.
 My child has been formally identified as gifted and is in a HAP classroom.

Tuition:

- \$75 for first class
- \$75 for additional class
- Make checks payable to Fort Worth ISD. Payment must be made within 10 days after signing up for a class.

Total: \$ _____

South Hi Mount Elementary, June 15 – 26

8:15 - 10:15 a.m. Class: _____
Alternate: _____

10:30 a.m. - 12:30 p.m. Class: _____
Alternate: _____

PLEASE REGISTER BY JUNE 5, 2009

FORT WORTH INDEPENDENT SCHOOL DISTRICT PARENTS' PERMISSION, RELEASE, AND INDEMNITY FOR DARE TO DISCOVER

I hereby certify that my son/daughter (Name of Student) _____ has my permission to participate in the Dare to Discover HAP summer program intersession from June 15 - 26, 2009.

To the best of my knowledge he/she is physically fit to engage in such activity and is not suffering from any disease or injury.

I agree and do hereby waive and release all claims against the Fort Worth Independent School District and any teacher, employee, or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my son/daughter.

It is understood that no student will be allowed to participate in this activity until this form is signed by his/her parent or guardian.

Signed at Fort Worth, Texas this _____ day of _____, 2009.

(Signature of Parent or Guardian)

(Name of Person to be notified in case of an emergency)

(Phone number in case of an emergency)