**About Lone Star Self Defense**

**Presented by Davis Elementary PTA**

Our mission as instructors is to increase every student’s awareness of his or her athletic ability and self-esteem through discipline, respect, and motivation.

ºOur passion is teaching Martial Arts!

ºWe emphasize Stranger Danger and teach our students to observe their surroundings.

ºStudents’ will learn techniques to defend themselves (only as a last resort)!

ºExercise in a fun, energetic, atmosphere!

ºLifelong enhanced values and morals!

ºStudents’ realize what can be achieved through discipline!



# Benefits of Martial Arts Training:

1. º Increased Pride in Accomplishments
2. º Independent Thinking
3. º Increased sense of purpose
4. º Confident and Resourceful
5. º Active, Energetic, and Spontaneous

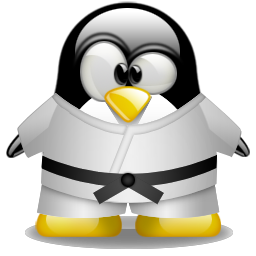
# º More relaxed and able to manage stress

# º Assumes Responsibility more readily

# º Tolerates Frustration

# º Approaches Challenges with Enthusiasm

# º Feels capable to taking charge of situations



Automatic Payment is accepted through Visa, MasterCard, Discover, American Express, or through your Checking Account.

# Tuition

Tuition is $75 a session, plus a mandatory one-time Registration Fee of $45 (this includes a new uniform). Sessions are 6 weeks long.

Belt testing is $20 for the first test and will increase by $10 by rank.

# Policies

1. ºWe will come to Davis Elementary to teach class once a week on Friday during the school semester from 2:50pm – 4:00pm
2. ºAll National and PISD Holidays are class holidays.
3. ºNo refunds or prorates will be given for your child being absent or for classes that fall on National or PISD Holidays.
4. ºTuition is due on the 1st day of the session.
5. ºThere will be a $25 fee for Returned Checks, insufficient funds, account decline, or changes in account information.
6. ºIf you need to withdraw from the program notice to Lone Star Self Defense is required.

\* By signing up for Automatic Payment I agree to allow Lone Star Self Defense to bill all charges to the above credit card or checking account for monthly tuition, registration, and/or belt tests.

\* This authorization is valid until I provide written notice to Lone Star Self Defense two week prior to draft date

\* I agree that an additional $25 fee will be charged if any payment is unable to be completed by the designated date each month due to; account decline, changes in account information, or insufficient funds.

**REGISTRATION FORM:** Welcome to the class!

To complete your registration – Complete this form and turn it into the front desk of Davis Elementary or email to jstewart@lonestarselfdefense or mail to 3304 Coit Road Suite 700 Plano, Texas 75023.

Date to draft charges:  1st of the month  15th of the month

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Today’s Date

**Checking Account**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Bank Checking Account

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address for Billing for credit card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number Routing Number

**Credit Card Account**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on credit card (exactly as it appears on the card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address for Billing for credit card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date CVV2/Cardmember ID (on back of card)

 VISA  MasterCard  Discover  American Express  Checking

I hereby authorize Lone Star Self Defense to charge my credit card account or debit my checking account each month for services rendered through enrollment in the Martial Arts program. Please charge/debit directly to the account specified below:

-----------------------------------------------------------------------------------------------------------------------------------------------------------

**PLEASE READ CAREFULLY**

I understand that participating in any organized sport carriers certain ricks of injury. I agree not to hold the instructor or Lone Star Self Defense responsible or liable in the unlikely case of injury.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Care Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_