

# S.T.A.R.S Registration

Name: \_\_\_\_\_

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Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Make Checks Payable to:

**CITY OF TYLER**

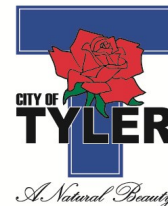
Cost: \$15 per month

(Discount for siblings)

Please complete both sides of this registration form and mail or drop off along with your check to:

Mail information to : 501 W 32nd

Tyler, Texas 75702



Founder: La Shunda Minix  
903-595-7271 (Glass)  
L.m.shiningstars11@gmail.com

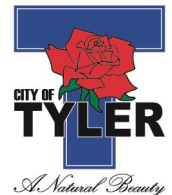
For more information please contact the Glass Recreation or email the founder at the above email address

**Glass Recreation  
Center presents**

**S.T.A.R.S  
Sophisticated,  
Talented,  
Amazing,  
Respectable  
Sisters**



**August 2011-May 2012**



**For Grades 5-12**

**Cost: \$15 per month**

# S.T.A.R.S Program

Mission: To empower young girls between grades of 5 thru 12 to make positive decisions that will determine their educational and social status.

Vision: To see Smith County filled with sophisticated, educated, and respectable young ladies that will shine throughout their lives.

Promise: I promise to respect myself first and then others, believe in myself, and know that I am a



## Topics of Discussion

**Mirror (What do I see) part I**

**Mirror (What do they see) Pt. II**

**High Achievers**

**Relationships**

**Etiquette Tips**

**Fashion**

**Miss Sophisticated**

**Goal Setting (Discussed in every meeting).**

**Self Esteem will be addressed in every session.**

**Groups;**

**Grades 5-7 (1st and 3rd Wednesday of the month)**

**Grades 8-12 ( 2nd and 4th Wednesday of the month).**

**Sessions will be held every other Wednesday from 6-7:30p.m. This is an ongoing program.**

**Girls need to bring or wear gym shorts, t-shirts, and tennis shoes.**

**Cost:**

\$15 per girl/per month

## Medical Waiver

I hereby state my child \_\_\_\_\_ is in good health and has my permission to participate in all S.T.A.R.S. activities. I authorize the staff at the center to provide emergency first aid in the event of sickness or injury.

My signature below hereby releases S.T.A.R.S, Instructor and staff of the Glass Recreation Center from any and all liability and any manner of actions, suits, damages, claims and demands on account of personal injury arising from my child's participation in the camp.

Please list any medical conditions

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

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Complete both sides and return with your check made payable to:

**City of Tyler**

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