



To join us for this fun filled S.T.A.R. event all you have to do is the following:

1. Print out application, fill it in completely and mail it to the S.T.A.R. office with your payment.
2. Print out flyer and keep your copy as a reminder for the event.

**Universal Studios  
November 11, 2009**

**20% Discount on all applications received by Oct. 26th!!! So register TODAY!!!**

**Discount price: \$42.00 & Full price \$53.00**

(Price includes all activities, transportation, and meals) Tikvah and Aviv Groups (7-12 years old)

**ALL APPLICATIONS RECEIVED AFTER OCT. 26th WILL PAY FULL PRICE.**

**DEADLINE to register is Friday, Nov. 6<sup>th</sup>, 2009**

**Please give at least \$1 (or more) to your child in order to give Tzedaka on the bus for the needy of Israel.**

On **Wednesday, November 11th, 2009**, S.T.A.R. kids are off to a wonderful day at Universal Studios. Don't miss this favorite fun destination. Kosher Pizza, Snacks and loads of fun!

**With all S.T.A.R. trips, we will be experiencing Jewish values and ideas that are incorporated in the trip's theme.**

*For safety purposes it is vital that each participant wears their S.T.A.R. T-shirt during the event.*

**If you have any questions please call Rabbi Menachem Weiss at S.T.A.R. (818) 782-7359.**

**Please check one**  **City Pickup 8:30 AM at Sephardic Temple (10500 Wilshire Blvd.) (Return 6:30 PM)**

**Valley Pickup 7:30 AM at the S.T.A.R. Office (6634 Valjean Ave) (Return 7:00 PM)**

**\*Please see attached map for Valley Pickup\***

**Payment Information**

Check enclosed \$ \_\_\_\_\_

Charge my Visa/MasterCard \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*I authorize Sephardic Tradition And Recreation to charge the above credit card held in my name*

Signature \_\_\_\_\_

**Student Registration and Medical Release Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Synagogue: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

What is the best phone number to call during this event, (if different from above) ( ) \_\_\_\_\_

Student's Doctor's Name: \_\_\_\_\_ Doctor's Phone: ( ) \_\_\_\_\_

In the event I cannot be reached in an emergency, please notify: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**The following must be read and signed by a parent or legal guardian for everyone 18 and under:  
Consent To Treatment of Minor Pursuant To Family Code Section 6910**

I am the parent or legal guardian of \_\_\_\_\_, a minor child born on \_\_\_\_\_, and consent to the child's engaging in all activities as set out herein and to travel by bus. I authorize Sephardic Tradition And Recreation staff to consent, in my absence, to x-ray, examination, anesthetic, medical, dental, surgical, diagnosis and/or treatment and hospital care for my child under the supervision and advice of a physician licensed under the Medical Practice Act and/or a dentist licensed under the Dental Practice Act. This authorization is effective **November 11th, 2009.**

**Print Name(s) of Parent(s) Responsible for Child** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**For more information please call S.T.A.R. at (818) 782-7359**