



6634 Valjean Ave. • Van Nuys • CA • 91406 Tel: (818)STAR FLY (782-7359) Fax: (818) 782-5511 www.LASTAR.org

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.

**S.T.A.R. SUMMER CAMP '10,  
August 10<sup>th</sup>-13<sup>th</sup>, 2010 (AGES 9-14)**

**EARLY BIRD PRICE (APPLICATIONS RECEIVED BY July 31st): \$179.00**

**FULL PRICE (APPLICATIONS RECEIVED AFTER July 31st): \$199.00**

(Price includes all activities, transportation, and meals)

**DEADLINE to register is August 4th, 2010**

**PLEASE CHECK THE PACKING LIST ON LINE, (www.lastar.org) OR CALL S.T.A.R. AT (818)782-7359**

On S.T.A.R. trips, we experience Jewish values and ideas that are incorporated into the trip's theme.  
For safety purposes it is vital that each participant wears their S.T.A.R. T-shirt during the event.

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

- Please check one  City Pickup Tuesday, 7:30 AM Sephardic Temple (10500 Wilshire Blvd.) / Return Friday 4:00 PM  
 Valley Pickup Tuesday, 8:30 AM S.T.A.R. Office (6634 Valjean Ave) / Return Friday 3:00 PM

**Payment Information**

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

Charge my Visa/MasterCard \$ \_\_\_\_\_ **NO AMEX OR DISCOVER ACCEPTED**

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 (Mother/Father) ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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

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 **August 10-13, 2010.**

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

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