6634 Valjean Ave. • Van Nuys • CA • 91406

Tel: (818) 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.

## NEWPORT BEACH BOATING SUNDAY JUNE 26<sup>TH</sup>, 2011 (AGES 7-12 TIKVAH & AVIV)

Discount on all applications received by June 13th! So register TODAY!!!
Discount price: \$28.00 & Full price \$35.00

(Price includes all activities, transportation, and meals)

## ALL APPLICATIONS RECEIVED AFTER June 13th, WILL PAY FULL PRICE. DEADLINE to register is June 20th, 2011

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

On Sunday, November 11<sup>th</sup> S.T.A.R. KIDS are off on a sea bound adventure to Newport Beach Harbor. Activities include boating, harbor arcade, the maritime museum, carnival rides, great food, friends, Rabbi Weiss and FUN FUN!

include boating, harbor arcade, the maritime museum, carrival rides, great rood, menus, habbi weiss and FON FON FON!
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 10:30 AM- Sephardic Temple (10500 Wilshire Blvd.) Return 6:00 PM
Valley Pickup 9:30 AM S.T.A.R. Office (6634 Valjean Ave) Return 6:30 PM
*Please see attached map for Valley Pickup
Check enclosed \$
Charge my Visa/MasterCard \$NO AMEX OR DISCOVER ACCEPTED
Card # ———————————————————————————————————
Signature————————————————————————————————————
Student Registration and Medical Release Form
First Name:Male□ Female□
Address:State:State:Sip:
Home Phone :( )Cell Number: ( ) <b>E-Mail</b> :
Date of Birth:/SchoolSynagogue:
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:
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
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
onsent, 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
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 <b>June 26<sup>th</sup>, 2011.</b>
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 <u>June 26<sup>th</sup>, 2011.</u> Print Name(s) of Parent(s) Responsible for 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 <b>June 26<sup>th</sup>, 2011.</b>