



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. TEENS GO TO SKY HIGH**

**SUNDAY Nov. 11<sup>th</sup> 2012 AGES: 13-18 (Mitzvah & Haverim)**

**Early Bird Price: Only \$30**

**Regular Price: Only \$36**

**Deadline to Register Nov. 7, 2012**

(Price includes transportation, activities & food)

**ALL APPLICATIONS MUST BE RECEIVED BY MARCH 13<sup>TH</sup> (NO EXCEPTIONS)**

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

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 The S.T.A.R. Office at: (818) 782-7359.***

- Please check one*  City Pickup 9:30 AM - Sephardic Temple (10500 Wilshire Blvd.) Return 4:00 PM  
 Valley Pickup 10:30 AM S.T.A.R. Office (6634 Valjean Ave) Return 3:30 PM

**Payment Information**

Check enclosed \$ \_\_\_\_\_ **NO REFUNDS OR CREDITS**

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: ( ) \_\_\_\_\_ 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 11, 2012.**

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

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

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