



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. Goes to Disneyland**

**MONDAY JANUARY 21, 2013 AGES 7-12 TIKVAH & AVIV**

**Early Bird Price Only \$69.00 By Jan. 9<sup>th</sup>**

**Regular Price Only \$75.00 DEADLINE Jan. 16<sup>th</sup>**

(Price includes all activities, transportation, and meals)

**ALL APPLICATIONS MUST BE RECEIVED BY JANUARY 16<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 Rabbi Menachem Weiss at S.T.A.R. (818) 782-7359.**

- Please check one  City Pickup 8:00 AM - Sephardic Temple (10500 Wilshire Blvd.) Return 7:30 PM  
 Valley Pickup 7:30 AM S.T.A.R. Office (6634 Valjean Ave) Return 8:00 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 **JANUARY 21, 2013.**

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

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

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