



Sephardic Tradition And Recreation  
"Friendships for a Lifetime"

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 flier and keep your copy as a reminder for the event.

**TEEN SIX FLAGS - MAGIC MOUNTAIN**

**Sunday May 19, 2013 (AGES 13-18 MIZVAH & HAVERIM)**

**EARLY BIRD PRICE (FOR APPLICATIONS RECEIVED BEFORE May 1st): \$49.00**

**FULL PRICE (FOR APPLICATIONS RECEIVED AFTER May 1st): \$58.00**

(Price includes activities, transportation, and meals)

**So, register today!**

**DEADLINE to register May 8th, 2013**

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.

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

- Please check one*  City Pickup 8:30 AM.  
 Valley Pickup 9:00 AM.

Sephardic Temple (10500 Wilshire Blvd.) Return 7:00 PM  
S.T.A.R. Office (6634 Valjean Ave) Return 6:30 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 : ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's cell ( ) \_\_\_\_\_ Teen's cell ( ) \_\_\_\_\_ 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 ToTreatment 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 **May 19, 2013.**

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

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