



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.

S.T.A.R. New Years In Newport!!!!
September 14, 2014 Ages 7-12 (Tikvah & Aviv)

Early Bird Price: \$40.00 By Sep. 2th
Regular Price Only: \$45.00 Ends Sep. 9th
 (Price includes all activities, transportation, and meals) Tikvah and Aviv Groups (7-12 years old)
DEADLINE to register is Tuesday, September 9th 2014 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.

Sunday, September 9th, join S.T.A.R. Friends for an Amazing Day of Rosh Hashanah FUN!
You will be Boating, Riding, Arcading and Much more!!!!

As 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 STAR Office at (818) 782-7359.

- Please check one Pickup 10:30 AM at Sephardic Temple (10500 Wilshire Blvd.) (Return 6:00 PM)
 Valley Pickup 9:30 AM at the S.T.A.R. Office (6634 Valjean Ave) (Return 6:30 PM)

*****Payment Information : No Refunds or Credits*****

- Check enclosed \$ _____
 Charge my Visa/MasterCard \$ _____

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 **September 14, 2014**

Print Name(s) of Parent(s) Responsible for Child _____

Signature: _____ Date: ____/____/____

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