



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. KIDS GO TO CASTLE PARK

Sunday, October 28, 2018 AGES 7-12 (TIKVAH & AVIV)

Early Bird: \$50.00 (Ends: October 16th)

Regular Price: \$55.00 (Deadline: October 23rd)

(Price includes all activities, transportation, and meals)

DEADLINE to register is Tuesday, Oct. 23rd, 2018

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

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 check one City Pickup 10:30 AM - Sephardic Temple (10500 Wilshire Blvd.) Return 4:30 PM
 Valley Pickup 11:00 AM - S.T.A.R. Office (6634 Valjean Ave) Return 4:00 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 **October 28th, 2018.**

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

Signature: _____ Date: ____/____/____

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