



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 / Fax / Email (info@lastar.org) 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. Teen Night Rollerskating April 7, 2019

Mitzvah & Haverim (Ages 13-18)

Early Bird Price: ONLY \$25 (Ends Mar. 27th)

Regular Price Only: \$35 (Ends April. 3rd)

(Price includes all activities, transportation, and dinner)

DEADLINE to register is Wednesday April 3, 2019

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

As with all S.T.A.R. trips, we will be experiencing Jewish values and ideas that are incorporated in the trip's theme.
If you have any questions please call Rabbi Sakhai at S.T.A.R. (818) 782-7359.

City Pickup 3:00 PM at Sephardic Temple (10500 Wilshire Blvd.)
Return to Sephardic Temple around 9pm!

Payment Information

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 **April 7, 2019.**

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

Signature: _____ Date: ____/____/____