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, DECEMBER 16TH, 2018 AGES 7-12 (TIKVAH & AVIV)

Early Bird: $35.00 (Ends: Dec. 5)

Regular Price: $45.00 (Deadline: Dec. 11)
(Price includes all activities, transportation, and meals)

DEADLINE to register is TUESDAY Dec. 11th, 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 9:30 AM - Sephardic Temple** (10500 Wilshire Blvd.) **Return 5:30 PM**

☐ **Valley Pickup 10:00 AM - S.T.A.R. Office** (6634 Valjean Ave) **Return 5:00 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 **December 16TH, 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