



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 or 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. BIG BEAR RETREAT**

**February 22-24, 2019 (Friday-Sunday) AGES: 13-18 (Mitzvah & Haverim)**

**Early Bird Price: Only \$199! (Ends Feb. 5<sup>th</sup>)**

**Regular Price: \$249 (Ends Feb. 12th)**

\*Price includes transportation, activities, food & stay\*

**ALL APPLICATIONS MUST BE RECEIVED BY February 12th (NO EXCEPTIONS)**

ALL APPLICATIONS ARE SUBJECT TO APPROVAL.

**\*\*Improper behavior of any kind will not be tolerated on this trip and will result in immediate expulsion from the trip.\*\***

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

*If you have any questions please call the STAR Office (818) 782-7359.*

- Please check one*  **City Pickup 10:30 AM - Sephardic Temple (10500 Wilshire Blvd.) Return 6:30 PM**  
 **Valley Pickup 10:00 AM - S.T.A.R. Office (6634 Valjean Ave) Return 7:00 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 **February 22-24, 2019.**

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

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