

Students Off And Running Field Trip Form 2010-2011

Students Off And Running 2010-2011 Event Schedule

Tuesday, September 28th
Team Tryouts #1
Golden Valley High School

Wednesday, September 29th
Team Tryouts #2
Golden Valley High School

Thursday, September 30th
Team Tryouts #3
College of the Canyons

Saturday, October 24th
Race for the Rescues 5K
Pasadena, CA

Sunday, November 14th
Calabasas Classic 5K
Calabasas, CA

Saturday, December 4th
Road Runner Sports Shoe Clinic
West Hills, CA

Saturday, December 11th
Santa Monica – Venice
Christmas 10K
Santa Monica, CA

Saturday, December 18th
SOAR – Jingle Bell 10 Miler and
Holiday Breakfast!
Encino, CA

Sunday, January 16th
13.1 LA Half Marathon
Los Angeles, CA

Sunday, February 6th
Surf City Half Marathon
Huntington Beach, CA

Sunday, February 13th
SRLA 18 Mile Friendship Run
Sylmar, CA

Saturday, March 5th
SOAR 20 Miler and Team BBQ
Newhall, CA

Saturday, March 19th
LA Marathon Expo & Team Carbo
Load Dinner
Los Angeles, CA

Sunday, March 20th
LA Marathon XXVI
Los Angeles, CA

Post Season Events (optional)

TBD
Assistance League Footsteps – 5K
Santa Clarita, CA

SOAR Sports Banquet
TBD
Santa Clarita, CA

PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To Alan Bingham, President of the Santa Clarita Track Club,

_____ has my permission to participate in
(Student's Name)

the following SOAR event:

Team Tryouts

Departure: **3:30 PM** Return: **4:30 PM** **GVHS / COC**

Supervising Adult : Kevin Sarkissian, SOAR Head Coach, (661) 877-7024

METHOD OF TRANSPORTATION

- Bus Walking
 Private Auto Other _____

I agree to direct my child to cooperate with directions and instructions of the personnel in charge of the activity.

Parent's or Guardians permission signature

Date

Authorization for medical care & media coverage
Should it be necessary for my child to have medical care while participating in a Students Off And Running (SOAR) event, I hereby give SOAR personnel permission to care for my child and I give permission to the physician selected by SOAR personnel to render medical care deemed necessary and appropriate by the physician. I understand that SOAR has minimal insurance coverage for my child while participating in an SOAR activity. Therefore, any additional cost incurred for such treatment shall be my sole responsibility.

I agree to allow my child to be included in any media coverage, group or individual photographs or other related activities portraying SOAR.

Please check here if student is on any medication or requires special medical treatment

Please explain:

Student's name

Home address

Home telephone number

Business telephone of parent

Emergency telephone number

Authorization signature of parent

Date