Students Off And Running Field Trip Form 2009-2010

Students Off And Running 2009-2010 Event Schedule

Tuesday, October 13th Team Tryouts #1 **Golden Valley High School**

Wednesday, October 14th **Team Tryouts #2 Golden Valley High School**

Thursday, October 15th Team Tryouts #3 **College of the Canyons**

Saturday, November 14th Hip Hop Classic 5K Pasadena, CA

Saturday, December 5th **Road Runner Sports Shoe Clinic** Encino, CA

Saturday, December 12th Santa Monica – Venice Christmas 10K Santa Monica, CA

Saturday, December 19th SOAR - Jingle Bell 10 Miler and Holiday Breakfast! Encino, CA

Sunday, January 10th **13.1 LA Half Marathon** Los Angeles, CA

Sunday, February 7th Surf City Half Marathon Huntington Beach, CA

Sunday, February 21st SRLA 18 Mile Friendship Run Sylmar, CA

Saturday, March 20th LA Marathon Expo & Team Carbo Load Dinner Los Angeles, CA

Sunday, March 21st LA Marathon XXV Los Angeles, CA

Post Season Events (optional)

Sunday, April 25th 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:

LA Marathon XXV Sunday, March 21, 2010

Departure: 6:00 PM Golden Valley High School 4:00 AM Return:

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

METHOD OF TRANSPORTATION

П Bus Private Auto

□ Walking

□ 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

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 portraving SOAR.

Date

Student's name

Home address

Home telephone number

Business telephone of parent

Emergency telephone number

Authorization signature of parent

Date

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

Please explain: