

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

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