Students Off And Running Field Trip Form 2016-2017

Students Off And Running
2016-2017
Event Schedule

Tuesday, September 27th
Team Tryouts #1
Lowes – Santa Clarita

Wednesday, September 28th
Team Tryouts #2
Lowes – Santa Clarita

Thursday, September 29th
Team Tryouts #3
Lowes – Santa Clarita

Sunday, October 30th
LACC 5K
Los Angeles, CA

Sunday, November 6st
Calabasas Classic 5K
Calabasas, CA

Sunday, December 4st
Road Runner Sports Team Shoe Night
Studio City, CA

Saturday, December 10th
Santa Monica / Venice Christmas 10K
Hollywood, CA

Saturday, December 17th
SOAR – Jingle Bell 10 Miler and Holiday Breakfast!
Encino, CA

Saturday, January 7th
So Cal Half Marathon
Irvine, CA

Sunday, February 12th
SRLA 18 Miler Friendship Run
Sylmar, CA

Sunday, February 19th
Mardi Gras Madness 5K/10K Support
Valencia, CA

Saturday, March 4th
SOAR 20 Miler and Team BBQ
Newhall, CA

Saturday, March 18th
LA Marathon Expo & Team Carbo Load Dinner
Los Angeles, CA

Sunday, March 19th
LA Marathon XXXII
Los Angeles, CA

Post Season Events (optional)

Sunday, May 7th
Wings for Life World Run
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**:**

_____

Departure: **LOWES** _____ **AM** Return: _____**PM**

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.

_____
Student's name
_____
Home address
_____
City Zip
_____
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:
_____
_____
_____
_____
_____
_____
_____
_____