

Students Off And Running Field Trip Form 2018-2019

**Students Off And Running
2018-2019
Event Schedule**

Tuesday, September 25th
Team Tryouts #1
Lowe's – Santa Clarita

Wednesday, September 26th
Team Tryouts #2
Lowe's – Santa Clarita

Thursday, September 27th
Team Tryouts #3
Lowe's – Santa Clarita

Sunday, October 21st
LACC 5K
Los Angeles, CA

Saturday, November 10th
Brave 5K & Festival of the Brave
San Pedro, CA

Sunday, December 2nd
Road Runner Sports Team Shoe Night
Studio City, CA

Saturday, December 8th
SOAR – Jingle Bell 10 Miler and Holiday Breakfast!
Encino, CA

Saturday, December 15th
Santa Monica / Venice Christmas 10K
Hollywood, CA

Saturday, January 12th
So Cal Half Marathon
Irvine, CA

Sunday, February 24th
Mardi Gras Madness 5K/10K Support
Valencia, CA

Saturday, March 9th
SOAR 20 Miler and Team BBQ
Newhall, CA

Saturday, March 23rd
LA Marathon Expo & Team Carbo Load Dinner
Los Angeles, CA

Sunday, March 24th
LA Marathon XXXIV
Los Angeles, CA

Post Season Events (optional)

Sunday, April 7th
Run to Remember 10K
Los Angeles, 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:
