

# Students Off And Running Field Trip Form 2016-2017

## Students Off And Running 2016-2017 Event Schedule

Tuesday, September 27<sup>th</sup>  
Team Tryouts #1  
Lowes – Santa Clarita

Wednesday, September 28<sup>th</sup>  
Team Tryouts #2  
Lowes – Santa Clarita

Thursday, September 29<sup>th</sup>  
Team Tryouts #3  
Lowes – Santa Clarita

Sunday, October 30<sup>th</sup>  
LACC 5K  
Los Angeles, CA

Sunday, November 6<sup>st</sup>  
Calabasas Classic 5K  
Calabasas, CA

Sunday, December 4<sup>st</sup>  
Road Runner Sports Team Shoe Night  
Studio City, CA

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

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

Saturday, January 7<sup>th</sup>  
So Cal Half Marathon  
Irvine, CA

Sunday, February 12<sup>th</sup>  
SRLA 18 Miler Friendship Run  
Sylmar, CA

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

Saturday, March 4<sup>th</sup>  
SOAR 20 Miler and Team BBQ  
Newhall, CA

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

Sunday, March 19<sup>th</sup>  
LA Marathon XXXII  
Los Angeles, CA

### Post Season Events (optional)

Sunday, May 7<sup>th</sup>  
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:

**We SPARK 5K-CBS Studios, Sunday November 6<sup>th</sup>**

Departure: **Lowes 6:00 AM**

Return: **Lowes 11:00 AM**

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:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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