

# Students Off And Running Field Trip Form 2010-2011

**Students Off And Running  
2010-2011  
Event Schedule**

Tuesday, September 28<sup>th</sup>  
Team Tryouts #1  
Golden Valley High School

Wednesday, September 29<sup>th</sup>  
Team Tryouts #2  
Golden Valley High School

Thursday, September 30<sup>th</sup>  
Team Tryouts #3  
College of the Canyons

Saturday, October 24<sup>th</sup>  
Race for the Rescues 5K  
Pasadena, CA

Sunday, November 14<sup>th</sup>  
Calabasas Classic 5K  
Calabasas, CA

Saturday, December 4<sup>th</sup>  
Road Runner Sports Shoe Clinic  
West Hills, CA

Saturday, December 11<sup>th</sup>  
Santa Monica – Venice  
Christmas 10K  
Santa Monica, CA

Saturday, December 18<sup>th</sup>  
SOAR – Jingle Bell 10 Miler and  
Holiday Breakfast!  
Encino, CA

Sunday, January 16<sup>th</sup>  
13.1 LA Half Marathon  
Los Angeles, CA

Sunday, February 6<sup>th</sup>  
Surf City Half Marathon  
Huntington Beach, CA

Sunday, February 13<sup>th</sup>  
SRLA 18 Mile Friendship Run  
Sylmar, CA

Saturday, March 5<sup>th</sup>  
SOAR 20 Miler and Team BBQ  
Newhall, CA

Saturday, March 19<sup>th</sup>  
LA Marathon Expo & Team Carbo  
Load Dinner  
Los Angeles, CA

Sunday, March 20<sup>th</sup>  
LA Marathon XXVI  
Los Angeles, CA

Post Season Events (optional)

TBD  
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:

**Team Tryouts**

Departure: **3:30 PM**    Return: **4:30 PM**    **GVHS / COC**

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.

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Home address

\_\_\_\_\_  
Home telephone number

\_\_\_\_\_  
Business telephone of parent

\_\_\_\_\_  
Emergency telephone number

\_\_\_\_\_  
Authorization signature of parent

\_\_\_\_\_  
Date

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:

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