

# Students Off And Running Field Trip Form 2009-2010

**Students Off And Running  
2009-2010  
Event Schedule**

Tuesday, October 13th  
Team Trvouts #1  
Golden Valley High School

Wednesday, October 14th  
Team Trvouts #2  
Golden Valley High School

Thursday, October 15<sup>th</sup>  
Team Trvouts #3  
College of the Canyons

Saturday, November 14th  
Hip Hop Classic 5K  
Pasadena, CA

Saturday, December 5<sup>th</sup>  
Road Runner Sports Shoe Clinic  
Encino, CA

Saturday, December 12<sup>th</sup>  
Santa Monica – Venice  
Christmas 10K  
Santa Monica, CA

Saturday, December 19<sup>th</sup>  
SOAR – Jingle Bell 10 Miler and  
Holiday Breakfast!  
Encino, CA

Sunday, January 10<sup>th</sup>  
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  
Down and Dirty – 5K  
Castaic Lake, CA

Saturday, May 15th  
Fight it! – 5K  
Central Park

SOAR Sports Banquet  
Friday, May 21st  
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:

**Down and Dirty Mud Run 5K, Sunday April 25<sup>th</sup>, 2010**

Departure: **6:30 AM** Return: **12:00 PM Lowes Parking Lot**

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

\_\_\_\_\_  
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:

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