

Dear Students and Parents,

Seaside Elementary School will be participating in the upcoming Torrance Unified School District Track Meet. The competition will take place on Friday, June 5th 2019 from approximately 2-5pm. Boys and Girls in 3rd, 4th, and 5th grade will compete with students from all seventeen Torrance schools at South High School. The events and numbers of participants are listed below:

Track Events

50 Meter Run- 2 girls and 2 boys from 3rd Grade

100 Meter Run- 2 girls and 2 boys from each grade level

800 Meter Run- 4th and 5th grade only 2 girls and 2 boys per grade

4x100 Meter Relay- 1 girls team and 1 boys team from each grade

4x400 Meter Relay- 1 girls team and 1 boys team from each grade

Field Events

Long Jump- 2 girls and 2 boys from each grade level

Standing Broad Jump- 2 girls and 2 boys from each grade Level

Softball Throw- 2 girls and 2 boys from each grade Level

Representing Seaside Elementary School at the track meet is a privilege and an honor. The criteria for event placement include:

- 1) A minimum of 90% attendance and active participation in all practices (Have to be able to attend 21 out of the 24 practices)
- 2) If a practice is missed due to an illness, Please notify me via text or email day before or the day of. **NOT A DAY OR MORE LATER, otherwise it will be marked as absent.**
- 3) Focused and respectful participation at all practices and at the track meet
- 4) Commitment to ride to the event on the bus and stay for the duration of the meet.

Please be advised that not every student practicing in track will receive a placement for the TUSD Track Meet on Friday June 5, 2020. As a seaside community member, every track team participant is encouraged to attend the event in a show of support for the competing members of the team. **We will hold qualifying trials for the Seaside Track Team and the Students will be notified of event selection 2-3 weeks prior to the track meet.**

Practice Schedule

Tuesday 7:45am-8:30am

March 10th
March 17th
March 24th
March 31st
April 14th
April 21st
April 28th
May 5th
May 12th
May 19th
May 26th
June 2nd

Thursday 7:45am-8:30am

March 12th
March 19th
March 26th
April 2nd
April 16th
April 23rd
April 30th
May 7th
May 14th
May 21st
May 28th
June 4th

Practices will include running and rigorous activities. Please pack extra water, also Students may want to pack a breakfast to be eaten after practice and before school begins.

For the Students selected to participate in the Track Meet there will be tentative Saturday Practice's at South High School on May 23rd and 30th time TBD.

If interested in being a member of the Seaside Track Team, please complete the **Permission/Commitment Form, Student Waiver, TUSD Permission Waiver as well as the Clothing Order Form** and return it to the Seaside Track Team envelope in the office **no later than Friday February 28th, 2020**. Thank you for your cooperation and participation in the Seaside Track Team.

Also we will need Volunteers to help with the practices as well as at the Track Meet. I will give you a volunteer permission form for you to fill out and return. Please let me know if you will be able to help and if so which day(s). The volunteers who are able **to be at the Track meet** will receive a Seaside Track T-shirt at no cost. Please fill out the included order form for both your child as well as if you would like to purchase any adult t-shirts or sweatshirts.

If you have any questions, please contact Tove Aaronson at tove.aaronson@gmail.com

Sincerely,

Seaside Elementary School Track Coach
Tove Aaronson

Permission/Commitment Form

(Return to the office by Friday, February 28th, 2019)

I acknowledge that being a participating member of the Seaside Track Team is a privilege and honor. I have read and understand the criteria for the team selection as outlined below:

- 1) A minimum of 90% attendance and active participation in all practices
- 2) Focused and respectful participation at all practices and at the competition site
- 3) Commitment to ride to the event and stay for the entire meet

I give my permission for _____ (student name) to participate in the Seaside Track Team practices and Torrance Unified School District Track Meet.

Parents Signature _____ Date _____

Email Address _____ Phone _____

For consideration of placement on the Seaside Track Team, I agree to follow all of the criteria listed above and I will demonstrate good sportsmanship at all time.

Student Signature _____ Date _____

Print Students Name _____ Student Gender _____

Teacher _____ Grade Level _____

PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

1.

Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.):

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date

2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (include Area code)

TORRANCE UNIFIED SCHOOL DISTRICT

STUDENT PARTICIPATION IN DISTRICT VOLUNTARY FIELD TRIP OR OTHER ACTIVITY
PARENTAL PERMISSION ASSUMPTION OF RISK AND
MEDICAL TREATMENT AUTHORIZATION

Date _____

Student's Name: _____ has permission to participate in the following field trip/activity:

Destination/Nature of Activity: Track Meet
(Please be specific, e.g. Trip to ___ Museum)

Special Instructions: Bring extra water to drink during the meet
(e.g., Bring sack lunch)

Departure Date: Friday June 5th Time: 1:30pm Return Date: Friday June 5th Time: Meet will end around 6pm

Person in Charge: Tove Aaronson Position: Coach School: South High School

Type of Transportation: School Bus Walking Other: _____

Health or special needs: Check as appropriate

<input type="checkbox"/>	My student has no special health needs the staff should be aware of, and no medication is required on the trip/activity.
<input type="checkbox"/>	My student has a special need, and instructions are attached. Number of attached pages: _____
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I fully understand that participants are to abide by all rules and regulation governing conduct during the trip/activity.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Torrance Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have read and fully understand its contents. I am aware that this is a release of liability.

Signature (Parent/Guardian) (Please print name) Work Phone () _____

Home Phone () _____

Student's Signature Student's Date of Birth

Your medical insurance carrier: _____ Policy #: _____

In the event of an emergency, please contact:

Name Relationship Work () _____
Home () _____
Cell () _____

SEASIDE TRACK TEAM APPAREL ORDER FORM



YOUTH TEE (FRONT)



YOUTH TEE (BACK)



ADULT TEE UNISEX (FRONT)



ADULT TEE UNISEX (BACK)



HOODIE (UNISEX)

ORDER INFORMATION (All **VOLUNTEERS** will receive a **COMPLIMENTARY** t-shirt.)

Athletes, parents and siblings may purchase additional clothing in support of the Seaside Track Team.

	S	M	L	XL	PRICE	TOTAL							
YOUTH TEE (REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$15.00	<input type="checkbox"/>							
ADULT TEE UNISEX (FOR VOLUNTEERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREE	<input type="checkbox"/>							
ADULT TEE UNISEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$15.00	<input type="checkbox"/>							
HOODIE UNISEX (YOUTH "Y" / ADULT "A" SIZES)	YS	YM	YL	AS	AM	AL	AXL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	<input type="checkbox"/>
GRAND TOTAL												<input type="checkbox"/>	

STUDENT NAME _____ DATE _____

TEACHER _____ ROOM # _____

EMAIL _____

PHONE (MOBILE) _____

CASH OR CHECK ONLY

Return order form to the Seaside office (track folder) by Friday, **February 28, 2020**. If paying by check, please make check payable to **Seaside PTA**.

FOR SEASIDE USE ONLY
DATE DELIVERED _____

THANK YOU FOR SUPPORTING SEASIDE TRACK AND FIELD!