

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 7th 2019 from approximately 2-5pm. Boys and Girls in 3rd, 4th, and 5th grade will compete with students from all seventeen Torrance schools at El Camino College. The events and numbers of participants are listed below:

Track Events

50 Metter Run- 2 girls and 2 boys from each grade level

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

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- 4 girls and 4 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 13 out of the 15 practices)
- 2) Focused and respectful participation at all practices and at the track meet
- 3) Commitment to ride to the event on the bus and return to the school campus on the bus

Please be advised that not every student practicing in track will receive a placement for the TUSD Track Meet on Friday June 7, 2018. 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. **The qualifying trials for the Seaside Track Team will start on Wed May 1st and the Students will be notified of event selection 2-3 weeks prior to the track meet.**

Practice Schedule

Wednesdays 8-8:35am

April 17th
April 24th
May 1st (Start of trails)
May 8th
May 15th
May 22nd
May 29th
June 5th

Fridays 3:15pm-4pm

April 19th
April 26th
May 3rd
May 10th
May 17th
May 24th
May 30th

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 18th, 25th and June 1st. time TBD.

If interested in being a member of the Seaside Track Team, please complete the **Permission/Commitment Form, Student Waiver, TUSD Permission Waiver, and if volunteering the Adult Volunteering Waiver, as well as the Clothing Order Form** and return it to the Seaside Track Team envelope in the office **no later than Friday April 5, 2019**. 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. Please let me know if you will be able to help and if so when. 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 envelope in your classroom by Friday, April 5, 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 return to the school campus on the bus

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

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

- | | |
|--|--|
| 1. _____
Participant Name Age, if minor child | 2. _____
Participant Name Age, if minor child |
| 3. _____
Participant Name Age, if minor child | 4. _____
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: _____ Seaside Track Practice
(Please be specific, e.g. Trip to ___ Museum)

Special Instructions: _____ Bring extra water and snack/breakfast to eat after practice if needed
(e.g., Bring sack lunch)

Departure Date: _____ Starts Wed April 17th Time: _____ Return Date: _____ Wed June 5th Time: _____ 3:15pm

Person in Charge: _____ Tove Aaronson Position: _____ Coach School: _____ Seaside

Type of Transportation: ☐ School Bus ☐ Walking ☐ Other: _____ ON CAMPUS

Health or special needs: Check as appropriate

	My student has no special health needs the staff should be aware of, and no medication is required on the trip/activity.
	My student has a special need, and instructions are attached. Number of attached pages: _____
	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 () _____

Revised February 2018

ADULT PARTICIPANT / VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between *Seaside Elementary Track Team* and _____

(hereinafter "the participant/volunteer") PARTICIPANT WAIVER: I voluntarily agree to participate in PTA Unit sponsored events and activities held during the school year. I recognize that the PTA Unit has not undertaken any duty or responsibility for my safety and I agree to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the PTA Unit sponsored events and activities. I recognize that these risks will vary based on the event and activity, and understand it is my responsibility to be aware of the risks before participating. I attest and verify that I am mentally and physically fit and able to participate in PTA Unit sponsored events and activities. By my signature below, I hereby state that I understand there are risks involved in participating in PTA Unit sponsored events and activities and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the California State PTA, including all unit, council, and district PTAs, and all of their officers, directors, members and volunteers for injury sustained and liability incurred during my participation in PTA Unit sponsored events and activities.

VOLUNTEER WAIVER :This section sets forth the responsibilities and understandings of the volunteer and of the PTA Unit regarding volunteer's participation in volunteer programs partially or wholly coordinated by the PTA Unit during the school year.

The volunteer and the PTA Unit agree as follows:

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of the PTA Unit for any purpose and the volunteer's services are not controlled nor mandated by the PTA Unit.
2. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while the PTA Unit has taken some steps to reduce the chances of injuries or harm to the volunteer, that the PTA Unit has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
3. The volunteer agrees to waive and release the California State PTA, including all unit, council, and district PTAs, and all of their officers, directors, members, and volunteers from any and all potential claims for injury, illness, damage, or death which the volunteer may have against the PTA Unit that might arise out of the volunteer's service and to hold the PTA Unit harmless there from.
4. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
5. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
6. In projects where the volunteer will be transporting others in a non-PTA Unit owned vehicle, the volunteer will be required to provide proof of automobile insurance in order to participate.
7. Since volunteers are not the PTA Unit employees, the PTA Unit does not provide workers' compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.
8. I understand that the materials and tools provided by the PTA Unit are and remain the property of the PTA Unit, and I agree to return these tools and any remaining materials to the PTA Unit at the end of my volunteer service.

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

Signature: _____ Date: _____

Printed Name: _____

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"/>
	YS YM YL		AS AM AL AXL			
HOODIE UNISEX (YOUTH "Y" / ADULT "A" SIZES)	<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)

PAYMENT INFORMATION

CASH ONLY

Return order form and payment to Tove Aaronson by Friday, April 5, 2019.

FOR SEASIDE USE ONLY

DATE DELIVERED

THANK YOU FOR SUPPORTING SEASIDE TRACK AND FIELD!