



# 14th Annual 4<sup>th</sup> & 5<sup>th</sup> Grade “Mile Fun Run” Friday, May 16, 2025



**Location:** Heartwell Park, Long Beach  
off Carson Avenue between Clark & Bellflower Blvd.  
(same site as the Middle and High School  
Championship Course)

**Distance:** 1 Mile Fun Run, on grass and bike path; "Rain or Shine!"

**Time:** 4:00 p.m. Girls 4<sup>th</sup>/5<sup>th</sup> Grade Fun Run  
4:15 p.m. Boys 4<sup>th</sup>/5<sup>th</sup> Grade Fun Run

**Note:** Middle School Championship Races Begin @ 4:30 p.m.

## Permission Forms

Students sign up through their elementary school teacher by submitting a completed [Field Trip Permission Form](#) to the school representative. Parents/coaches can also register by clicking on the link below:

<https://ca.milesplit.com/meets/601585-18th-annual-lbusd-msxc-all-city-championships-2023-2024/info>

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Elementary School Representative or Parent Volunteer must bring Field Trip Permission Forms for each participant to the Elementary Check-in Table on event day to receive bib numbers.



**REQUEST TO PARTICIPATE ON A FIELD TRIP**

Student's Name: \_\_\_\_\_ Grade: \_\_\_ Gender: \_\_\_ School: \_\_\_\_\_

Description of Activity: 14th Annual Elementary Mile Cross Country Fun Run / Heartwell Park

Date of Activity: Friday, May 16, 2025 Depart: First Race: 4/5 Girls at 4:00 pm; 4/5 Boys at 4:15 pm

Meals:

- Student will be at school during lunch
- Student should bring sack lunch
- Other: \_\_\_\_\_

Method of Transportation:

- Walking
- School Bus
- Private Bus
- XXX...Other – Private automobile (Parent Responsibility)

I request that my child be permitted to participate in the field trip activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate to receive a class grade. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.

To the best of my knowledge, my child has no physical condition which would interfere with him/her ability to participate in or attend this activity or would endanger his/her health or any other student's health. I also acknowledge that my son/daughter will be involved in work-outs leading up to the event that may involve running both on and off campus after school.

Date	Signature Parent/Guardian
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(To be retained by Supervising Teacher)  
**MEDICAL AUTHORIZATION**

Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Emergency Telephone Number*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Home Telephone Number/ Business Telephone Number*

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*Date*

- PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT AREA ON FILE WITH THE SCHOOL