



Dear Trekker & Parent:

We are so excited to have you join us for the Thousand Oaks Stake Pioneer Handcart Trek! We have some amazing things planned. This is sure to be an experience that will strengthen your testimony in Jesus Christ and your appreciation for those pioneers that went before us. Trek will be **Thursday June 20 through Saturday June 22, 2024 at Riley Farm in Oak Glen, CA.**

To register for Trek, you need to turn in 3 things to your ward youth leaders :

1. Registration & Standards of Conduct Form: All Trekkers need to complete the registration form, signed by both the youth participant and their parent.
2. Permission/Medical Release Form: This must be completed and signed by both the youth participant and their parent.
3. Payment of \$75 per youth: Submit cash or check to the bishopric in a tithing envelope. Write "Trek" and the youth's name on the donation form. Checks should be made payable to The Church of Jesus Christ of Latter-day Saints.

These three things must be turned in by the registration **due date of May 12, 2024. **No refunds after June 2, 2024**

If you have any questions, please contact: **Tracy Garcia**
805-405-7185
garcia.tracy@gmail.com



Trek Website



TREK REGISTRATION & STANDARDS OF CONDUCT FORM

Trekker's name: _____

Email: _____ Cell: _____

Parent Name: _____

Parent Email: _____ Parent Cell: _____

Ward: _____ T-Shirt Size: S M L XL XXL

Do you plan on inviting friends: YES NO Grade in School next Fall: 8 9 10 11 12

List 2-3 Friend Requests (at least one will be honored)

Standards of Conduct

By registering for the Thousand Oaks Stake 2024 Pioneer Handcart Trek, you sign a pledge to uphold the standards found in the pamphlet "For the Strength of the Youth: A Guide for Making Choices" and the standards listed below. Come ready to have a great time, but don't miss all of the fun by failing to adhere to the standards.

- Be courteous
- Be willing to fully participate
- Be willing to follow directions
- Use only appropriate language
- Before you do something, ask yourself "What would Jesus Do?"
- Thank those who assist you
- Seek ways to help others

Youth:

As a participant in Trek, I agree to abide by all of the rules and requirements and to act in accordance with the standards listed above throughout the event.

Signature _____ Date _____

Parent:

I agree that my son/daughter will conduct himself/herself in accordance with the standards listed above.

Signature _____ Date _____

Permission and Medical Release Form

Each participant (including leaders) completes this form separately for each event or activity involving an overnight stay, travel outside the local area, or higher than ordinary risks (see *General Handbook: Serving in The Church of Jesus Christ of Latter-day Saints*, 20.5.5, 20.7.4, 20.7.7). The event or activity leader should have access to all participants' forms during the activity.

Event Details (to be filled out by event planner)

Event Thousand Oaks Stake Youth Conference-- Trek 2024		Date(s) of event June 20-22, 2024
Describe event and activities (please be specific) TO Trek--to include but not limited to, travel 135 mi each way via chaperone vehicle, hiking 15 miles over 3 days, pulling/pushing a handcart, sleeping under the stars, crossing a creek, square dancing, and toher pioneer games and activities ,		
Ward All wards and branches	Stake Thousand Oaks Stake	
Event or activity leader Julianna Lorenzen & Kirk Stolworthy	Event or activity leader's phone number Julianna 805 404 0479/ Kirk 818 823 5176	Event or activity leader's email juliannaatc@gmail.com

Contact Information

Participant	Date of birth	Age
Telephone number		
Address	City	State or province
Emergency contact (parent or guardian)	Primary telephone number	Secondary telephone number

Medical Information

Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies.
List all prescription or over-the-counter (OTC) medications the participant is taking. Leave blank if none.	
Can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly.	

Conditions That Limit Activity

Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity.	

Other Accommodations or Special Needs

Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed).

Permission

I give permission for my child or youth to participate in the event and activities listed above (unless noted) and authorize the adult leaders supervising this event to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and travel to and from this event.

Please note: Units may not have the ability to meet all medical, physical, and other accommodations and are asked to counsel with parents or guardians on what is possible.

The participant is responsible for his or her own conduct and is aware of and

agrees to abide by Church standards, camp or event safety rules, and other pertinent instructions. The participant's conduct and interactions should abide by Church standards and exemplify Christlike behavior.

Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if participants behave inappropriately or if they pose a risk to themselves or others.

This information is collected to help event and activity leaders or medical personnel so they can be prepared and appropriately respond to health concerns or an emergency. It will be kept confidential and shared only as needed.

Participant's signature	Date
Parent or guardian's signature (if participant is a minor)	Date