



KODIAK

***Outdoor High Adventure Trek
March 13-18, 2010***

Adventures Unlimited • Milton, Florida Hiking and Canoe/Kayak

Trek begins and ends at the Andrew Jackson Council Service Center on Riverside Drive in Jackson. We will meet at 8:30am on Saturday, March 13, and return approximately 5:00pm on Thursday, March 18.

C o s t : \$ 1 8 5

~ \$175 if paid in full by Feb. 12 ~

(Includes adventure trek, transportation, meals, course materials and recognitions.)

Application and \$75 deposit due no later than February 12, 2010.

Reservations must be made with Adventures Unlimited.

NO applications will be accepted after Feb. 12.

Final payment due no later than March 5, 2010.

Kodiak is a challenging outdoor adventure trek and a simple fun leadership course. The Kodiak course teaches useable, relevant leadership skills that every teen can use, with nature as the trek classroom. Groups of 6-8 youth are taught five leadership commissions throughout the week by Kodiak instructors, using a hands-on learning approach.

Participants must be at least 14 but not yet 21. Venturers and Boy Scouts are welcome to attend. Course is limited to 16 participants, and will be first-come, first-served.

Please wear your crew uniform and arrive on time, as the course begins immediately.

Gayle Raines • 601-331-5672 • gaylequick@comcast.net

Kodiak Schedule & Equipment List

Course material will be sprinkled throughout the trek.

Saturday, March 13, 2010

- 8:30am - Arrive at Council Service Center, divide into course crews, depart
- Bring a sack lunch and money for fast-food dinner
- We will stop at Camp Shelby to tour the Mississippi Armed Forces Museum followed by a picnic lunch. After lunch, crews will plan their meals for the trek. Crews will purchase food for trek meals at a grocery store along the way and stop at a fast food restaurant to eat dinner.
- Arrive at Adventures Unlimited in Milton, Florida, set up camp.

Sunday, March 14, 2010

- Breakfast by crews, break camp, depart for trailhead - hike will be approximately 5 miles with rest stops to accommodate the course material.
- Lunch on the trail
- Adventures Unlimited staff will meet us with canoes/kayaks, equipment, and personal gear at 5:00pm at Kennedy Bridge on the Blackwater River to begin the river trip.
- Set up camp - dinner by crews

Monday, March 15, 2010

- Breakfast by crews, break camp, head out on river
- Stop for lunch and breaks as needed
- Set up camp - dinner by crews

Tuesday, March 16, 2010

- Breakfast by crews, break camp, head out on river
- Stop for lunch and breaks as needed
- Set up camp - dinner by crews

Wednesday, March 17, 2010

- Breakfast by crews, break camp, head out on river
- Stop for lunch and breaks as needed
- Finish river trip, return to base camp, set up camp - dinner by crews

Thursday, March 18, 2010

- Breakfast by crews, break camp, head home
- Stop for lunch (no money needed)
- Return to Council Service Center approximately 5:00pm

What to Bring

- Current BSA Medical form
- Sack lunch and money for dinner on Saturday only
- Daypack for hike day
- Water bottle, mess kit
- Clothing for trip - be prepared
- Small tent, sleeping bag
- Hiking boots/shoes & water shoes
- Dry bags to pack your gear in
- Personal hygiene items, towel
- Hat, rain gear, jacket
- Insect repellent, sunscreen
- Flashlight
- Personal first aid kit
- Waterproof camera (optional)
- Folding camp stool - no chairs
- Swimsuit (one-piece)

2010 Kodiak Application

(to be turned in with \$75.00 deposit by February 12)

Name: _____ Crew/Troop: _____

Circle which one you want to do: Canoe Kayak Gender: _____ Age: _____

Parent/Guardian Name _____

Address: _____ Phone: _____

City: _____ St: _____ Zip: _____

Email: _____

District: _____

Have you completed the Venturing Leadership Skills Course (VLSC)? _____

Have you completed Boy Scout National Youth Leadership Training (NYLT)? _____

Leadership position(s) held in Crew or Troop: _____

Make check payable to BSA and send to:

Andrew Jackson Council
855 Riverside Drive
Jackson, MS 39202

Participants must complete the full course to earn the Kodiak recognition, and to be able to participate in Kodiak X, which is being planned for Fall 2010.

Permission and Medical Release: Signature of Parent or Guardian required (Participant may sign if 18 or older)

I, _____, the parent/legal guardian of

_____, (Kodiak participant) give my permission for him/her to attend and participate fully in the Kodiak Trek at Adventures Unlimited, Milton, FL, from March 13, 2010 through March 18, 2010, which will include the following activities: hiking and canoeing/kayaking.

Waiver of Responsibility

In consideration of the benefits to be derived, and given that the Boy Scouts of America is a voluntary educational organization, I hereby agree to my son's/daughter's participation and expressly waive and release any and all claims against adult leaders of the Andrew Jackson Council, and all officers, agents, and representatives of the Boy Scouts of America arising out of or in connection with the above-referenced event or activity.

I understand adult leaders will be transporting participants to and during the trek activities. I understand also that if, in the sole opinion or discretion of the adult leaders, my son/daughter fails to participate in planned activities or assigned duties, does not abide by rules of good safety, disrupts the conduct of the activity, or continually shows disrespect for the leaders, adults, or fellow Scouts/Venturers, HIS/HER PARENT/GUARDIAN WILL BE REQUIRED TO MAKE ARRANGEMENTS TO TRANSPORT HIM HOME.

Medical Release

In the event of illness or injury occurring to my son/daughter while involved in this activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Medical Insurance Company

Personal Physician

Policy Number

(____) _____
Physician Telephone Number

Media Release

For value received, I hereby consent to the use of my (or my daughter's or son's if participant is under 18) name, voice and/or pictures by the Boy Scouts of America, and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, publication and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said participant or adult of any product or service.

Signature

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Address: _____

Parent/Guardian Contact Number during Trek: _____