

Boy Scouts of the Philippines  
**BAGUIO CITY COUNCIL**  
28 Gov. Pack Road, Baguio City  
Tel/fax (074) 246-0217

22 January 2018

COUNCIL OFFICE MEMORANDUM  
NUMBER **02** s. 2018

**2018 COUNCIL SCOUT JAMBORETTE**

1. We are pleased to announce the holding of the **Council Scout Jamborette** of the **Boy Scouts of the Philippines, Baguio City Council** on February 15 - 18, 2018 at Barangay Lower Tumapoc, Burgos, La Union.
2. The Scouting event will be a good opportunity to enhance learning through the *different activities and experience Scout brotherhood and sisterhood.*
3. The Jamborette theme is "*Growth & Stability*".
4. The Jamborette aims to:
  - a. Promote the ability of young people to do useful things for themselves and others;
  - b. Train young people in Emergency Preparedness which includes the basics of Rappelling, Safety, First-Aid & Scout craft, Scout skills, Amateur Radio and Learn-A-Trade;
  - c. Inculcate patriotism, civic consciousness and responsibility, self-reliance, discipline and kindred virtues through the Scout Method.
5. Following are the details:
  - 5.1. Participation requirements:
    - a. For Scouts
      - Currently registered Boy/Senior/Rover Scouts
      - At least 9 years of age and not more than 17 years old (Boy and Senior Scouts)
      - Rover and Roverettes (16 - 24 years old)
      - Must be physically fit as certified by a physician
      - Must have parent's/guardian approval
      - Equipped with adequate camping gears
    - b. For Adult Leaders
      - Currently registered
      - Must have served as Unit Leader/Assistant for at least two (2) years
      - Must be of good character
      - Must be physically fit as certified by a physician
      - Equipped with adequate camping gears

5.2. Jamborette Fee: A registration fee of **THREE HUNDRED PESOS (Php 300.00)** shall be charged from each camper (*Scouts & Adults*) in order to cover cost of souvenir item, program materials, identification and activity cards, certificate of participation and administrative requirements.

*Note: A non-refundable but transferrable fee of **Two Hundred Pesos (Php 200.00)** must be remitted to the BSP Baguio City Council Office on or before **February 06, 2018** to ensure participation.*

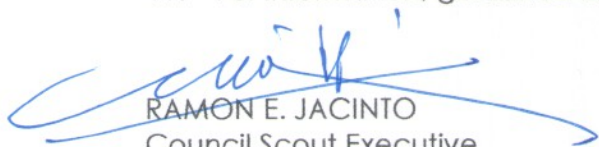
6. Other details of the Jamborette are:

- a. Contingents will bring their own cooking equipments and must arrange their own transportation from point of origin to the Jamborette site drop-off point and return.
- b. Districts/Schools must organize their contingents which shall be sub-divided into Patrols/Crews and Troops/Outfits.
- c. Sub-Camps: Contingents must set up their camp only in their designated Sub-Camp. Sub-Camp activities, orderliness, cleanliness and discipline shall be under the direct supervision of the Sub-Camp Director.
- d. Only duly registered campers with proper identification cards will be allowed to enter the camp and participate in the activities.

9. Should anybody need more additional information about the Jamborette, please feel free to visit the Baguio City Council Office located at No. 28 Gov. Pack Road, Baguio City or call our landline at telephone number 246 - 0217.


10. Attached is a copy of the Jamborette Application Form which can be reproduced to meet your needs.

11. For information, guidance and widest dissemination.

  
RAMON E. JACINTO  
Council Scout Executive

To: School Administrators  
Teacher's In-Charge  
Elementary & Secondary Teachers & Coordinators  
(Private & Public)

FOR YOUR INFORMATION AND  
APPROPRIATE ACTION

  
**FEDERICO P. MARTIN, Ed.D. CESO V**  
Schools Division Superintendent  
Council Scout Commissioner

Boy Scouts of the Philippines  
**2018 COUNCIL SCOUT JAMBORETTE**  
 Barangay Lower Tumapoc, Burgos, La Union  
 February 15-18, 2018

**REGISTRATION FORM**

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Last Name First name Middle Initial

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Religion: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Sponsoring Institution (SI): \_\_\_\_\_

S.I. Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Scouting Position: \_\_\_\_\_ Rank: \_\_\_\_\_ Scout Unit No. \_\_\_\_\_

Membership Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Camping, Jamborees and Training (Title, Venue, Inclusive Dates)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I transmit herewith:

- \_\_\_\_\_ the full payment of P 300.00
- \_\_\_\_\_ reservation fee of P 200.00

I do hereby agree to exert my very best to be worthy representative not only of the Boy Scouts of the Philippines, but also of my institution thru my strict observance of the Scout Ideals as embodied in the Scout Oath and Law.

And as a faithful delegate, I shall obey and cooperate with Jamborette Leaders who have authorized to exercise all actions necessary to maintain the prestige of my institution in particular and the Boy Scouts of the Philippines in general.

\_\_\_\_\_  
 Applicant's signature

**APPROVAL OF PARENTS OR GUARDIAN**

We hereby approve this application and certify to its correctness. In consideration of the benefits to be derived, we expressly waive any and all claims against the Boy Scouts of the Philippines or its representative on account of any incident or injury or damage to personal property that may occur beyond the control of the Contingent Officials/BSP provided adequate safety measures and precautions are instituted in connection with the participation of my son/daughter in the 2018 Council Scout Jamborette.

We further agree to have said Scout meet the health requirements which includes his examination by a medical officer who will use the form provided by the National Office, BSP for this purpose and to obtain certification from the school authorities attesting to his/her academic standing.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Father/Guardian  
 (Signature over Printed Name)

\_\_\_\_\_  
 Mother/Guardian  
 (Signature over Printed Name)

**ACTION OF THE SPONSORING INSITUION**

We hereby certify that the above applicant has met all the requirements for participation in this Scout event as set forth by the National Office of the Boy Scouts of the Philippines. We have personally interviewed the above applicant and found him/her physically fit and qualified to be a member of the Contingent. He/She is currently registered and on the basis of his record of satisfactorily Scouting experience and his/her cooperative attitude towards his fellow Scouts/Scouters, we recommend his/her acceptance as a member of the delegation.

\_\_\_\_\_  
 Troop Leader/ Outfit Adviser  
 (Signature over Printed Name)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Institutional Head  
 (Signature over Printed Name)

# HEALTH AND MEDICAL RECORD

This health and medical record, including limitations indicated, is valid for participation in the Scouting Program for one year date of physician's examination' subject to recertification in camp and when required for special events.

Please fill out completely

## HEALTH HISTORY

Have or subject to (check if yes):

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Palpitation | <input type="checkbox"/> Nervousness    | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Head Ache       | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent Cough | <input type="checkbox"/> Easy Fatigue        |
| <input type="checkbox"/> Chest Pain      | <input type="checkbox"/> Others      |   |  |

Describe: \_\_\_\_\_

Have or subject to trouble with (check if yes):

Have bad: (check if yes)

YEAR

- |   |   |                                  |  |
|---|---|----------------------------------|--|
| <input type="checkbox"/> Eye, Ear, Nose, Throat | <input type="checkbox"/> Hernia         | <input type="checkbox"/> Allergy | <input type="checkbox"/> Measles _____     |
| <input type="checkbox"/> Recurrent Diarrhea     | <input type="checkbox"/> Heart          | <input type="checkbox"/> Lungs   | <input type="checkbox"/> Mumps _____       |
| <input type="checkbox"/> Hypertension           | <input type="checkbox"/> Kidney         | <input type="checkbox"/> Malaria | <input type="checkbox"/> Chicken Pox _____ |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Whooping Cough |                                  |  |

Any condition now requiring regular medication? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

Explain \_\_\_\_\_

### IMMUNIZATIONS

Date of last inoculation

Date of last inoculation

- |                      |  |                             |
|----------------------|--|-----------------------------|
| Small Pox _____      |  | Polio (shots or oral) _____ |
| Diphtheria _____     |  | Others _____                |
| Tetanus Toxoid _____ |  |                             |

If applicant is under 21 years of age:

In the event of illness or injury occurring my son during his attendance at the jamboree, I do consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Applicant Parent or Guardian

### MEDICAL EXAMINATION

**TO PHYSICIAN:** Your careful examination and written recommendations will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

#### PHYSICAL FINDINGS:

Normal	Abnormal	Explanation if abnormal
<input type="checkbox"/> Eyes	<input type="checkbox"/>	
<input type="checkbox"/> Vision	<input type="checkbox"/>	
<input type="checkbox"/> Ears	<input type="checkbox"/>	
<input type="checkbox"/> Nose	<input type="checkbox"/>	
<input type="checkbox"/> Throat	<input type="checkbox"/>	
<input type="checkbox"/> Teeth	<input type="checkbox"/>	
<input type="checkbox"/> Lungs	<input type="checkbox"/>	
<input type="checkbox"/> Heart	<input type="checkbox"/>	
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/>	
<input type="checkbox"/> Abdomen	<input type="checkbox"/>	

Hernia \_\_\_\_\_

Genitalia \_\_\_\_\_

Extremities \_\_\_\_\_

Posture (spine) \_\_\_\_\_

Skin \_\_\_\_\_

Urinalysis \_\_\_\_\_

Emotional Stability \_\_\_\_\_

**IMMUNIZATION (see history) (Check one)**

Date given

	OK	Needed	
Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cholera-Dysentery-Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:

- Camping and Hiking       Water Sports       Competitive Sports

Recommendations and/or restrictions (if none, so state) \_\_\_\_\_

Signed \_\_\_\_\_  
 Examinee

Signed \_\_\_\_\_  
 Physician and License No.