



Boy Scouts of the Philippines
BAGUIO CITY COUNCIL
28 Governor Pack Road
Baguio City, Benguet 2600 Philippines
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Tel. No. (074) 246 - 0217

22 February 2018

COUNCIL OFFICE MEMORANDUM
NUMBER **03** s. 2018

7th NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE

1. We are pleased to invite Boy Scouts, Senior Scouts, Rover Scouts/Roverettes to the **7th NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE** on **March 6 - 11, 2018** at **Barangay Masoc, Bayombong, Nueva Vizcaya**.
2. The Jamboree aims to provide an environment of learning, safe and enjoyable and to enhance their physical, social, mental emotional and spiritual potentials.
3. A registration fee of **THREE THOUSAND TWO HUNDRED PESOS (Php 3,200.00)** shall be charged each participant to cover expenses for transportation, camp registration fee, food, contingent t-shirt, bag, t-shirt, ID w/ lace, certificate and other operational budgetary needs.
4. A non-refundable but transferable reservation fee of **One Thousand Five Hundred Pesos (P 1,500.00)** must be remitted to the BSP Baguio City Council Office on or before **March 01, 2018** to ensure participation.
5. Participation requirements:

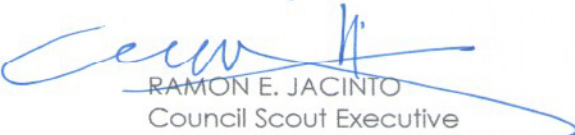
For scouts:

- ∞ Currently registered with the Boy Scouts of the Philippines
- ∞ 9 - 17 years old
- ∞ Physically fit as certified by a physician
- ∞ Parent's / guardian's approval / permission
- ∞ Equipped with adequate camping gear

For scouters:

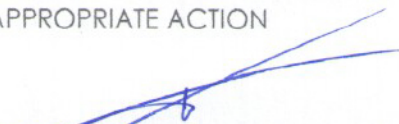
- ∞ Currently registered with the Boy Scouts of the Philippines
- ∞ Preferably with Basic Training Course
- ∞ Physically fit as certified by a physician
- ∞ Equipped with adequate camping gear

6. We enjoin all concerned to extend full support to this Regional Scouting event.
7. Attached is a copy of Jamboree Application / Medical Form which you can reproduce to meet your needs.


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
BAGUIO CITY COUNCIL
7TH NORTHEASTERN LUZON REGION SCOUT JAMBORETTE
March 6 – 11, 2018

REGISTRATION FORM

(Please type or print legibly)

Region: _____ Date: _____
Local Council: _____

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 3,200.00
- _____ reservation fee of P 1,500.00

I do hereby agree to exert my very best to be worthy as a representative not only of the Boy Scouts of the Philippines, but also of my Council 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 Jamboree Leaders who have authorized to exercise all actions necessary to maintain the prestige of my Council 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 in the 7TH Northeastern Luzon Region Scout Jamboree.

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 LOCAL COUNCIL

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/her 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)

Council Scout Executive

Date

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.