



July 11, 2019

COUNCIL OFFICE MEMORANDUM
NUMBER **08** s. 2019

8th NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE

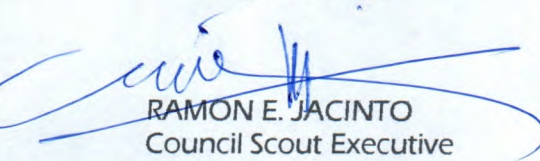
1. We are pleased to invite Boy Scouts, Senior Scouts, Rover Scouts/Roverettes and Adults to the **8th NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE** on **August 26 - 31, 2019** at **Dariuk Hills, Barangay Balintocac, Santiago City, Isabela**.
2. The Jamboree aims to:
 - a. Provide an environment of learning, safe and enjoyable activities to enhance their physical, social, mental, emotional and spiritual potentials;
 - b. Undertake community service activities through the immersion projects under the World Scout Environment Education Program (WSEEP);
 - c. Appreciation of nature thru/ the Scouts Go Solar & the Messengers of Peace initiatives; and
 - d. Undergo activities that will enable Scouts to complete the required Merit Badges for both Boy Scout and Senior Scouts Advancement
3. A registration fee of **THREE THOUSAND FIVE HUNDRED PESOS (Php 3,500.00)** shall be charged each participant to cover expenses for transportation, camp registration fee, food, contingent t-shirt, bag, neckerchief, ID w/ lace, certificate and other operational budgetary needs.
4. A non-refundable but transferable reservation fee of **Two Thousand Pesos (P 2,000.00)** must be remitted to the BSP Baguio City Council Office on or before **August 09, 2019** to ensure participation.
5. Participation requirements:

For Scouts:

 - ∞ *Currently registered with the Boy Scouts of the Philippines*
 - ∞ *9 - 12 years old for Boy Scouts*
 - ∞ *12 - 19 years old for Senior Scouts (Junior & Senior high)*
 - ∞ *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*
 - ∞ *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
8th NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE
August 26 - 31, 2019
Dariuk Hills, Barangay Balintocatoc, Santiago City, Isabela

REGISTRATION FORM

(Please type or print legibly)

Sponsoring Institution/School: _____ Date: _____

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 3,500.00
_____ reservation fee of P 2,000.00

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 Sponsoring 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 in the 8th NORTHEASTERN LUZON REGIONAL 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/ Ouffit Adviser
(Signature over Printed Name)

Date

Instifutional 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.