



CHQ CIRCULAR NO. 22 Series of 2023

TO

: DISTRICT SUPERVISORS, PRINCIPALS, HEAD TEACHERS, GSP

DISTRICT FIELD ADVISERS, GSP SCHOOL COORDINATORS, AND

GSP TROOP LEADERS

RE

: INDEPENDENCE DAY

DATE : JUNE 7, 2023

The Girl Scouts of the Philippines Baguio City Council calls all its members to show love for the country and a sense of nationalism by actively participating in the observance of Philippine Independence Day on June 12, 2023, Monday, with the theme: "Kalayaan, Kinabukasan, Kasaysayan."

In this connection, we encourage Girl Scouts from different schools of all age levels to participate as we celebrate the Philippine Independence Day on June 12, 2023, at the Baguio Convention and Cultural Center, from 8 am onwards. The Girl Scouts should use their complete GSP Official Uniform during this event.

Note: See to it that the participating girl's uniform had been bought at the GSP Baguio Council or authorized GSP outlets.

Attached are the forms to be filled out by the participants.

Thank you in advance for your continuing support of the Scouting Movement.

Should you have further queries, you may contact our GSP Baguio City Council Office at Tel No. (074) 442-2096 or at Phone No. 0927-823-4795; or send an email to gsp\_2096@yahoo.com.ph

FOR YOUR INFORMATION AND APPROPRIATE ACTION.

Very truly yours,

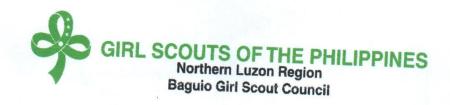
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APPROVED:

SORAYA T. FACULO, PRD, CESO VI

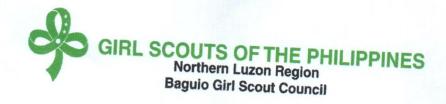
Assistant Schools Division Superintendent

Office of the Schools Division Superintendent/ GSP Council Commissioner on Admin



## **APPLICATION FORM FOR GIRLS**

Nome	PERSO	NAL DATA				
Name:						
Last Nickname:	F	irst	Middle			
Home Address:		Date of Birth:				
			Phone No.:			
Present School:	Grade/Year:					
Parents/Guardian:						
Person to notify in case of e Address:	mergency:		Relationship:			
Badges Earned in 8-point Cl Badges earned in Special Ba			Phone No.:			
Patrol Leadership Training: [	adges:YUNG	STV Free Being Me				
Religious Affiliation:	Date	V	enue			
Food Prohibition:						
TOTAL TOTAL DILIOTT.	CIDI COOLIT					
Date of Registration:	GIRL SCOUT	ING DATA				
Troop No.:						
SCOIL	SCOUTING ACTIVITIES TOOP Name:					
The state of the s	l, Council, and Distri	ct): You may ad	d additional parasit			
ACTIVITY/IES	LEVEL	DATE	PLACE			
			I EAGE			
(International National Basis	IRL SCOUT CAM	<b>PS ATTENDE</b>	D			
(International, National, Region ACTIVITY/IES	al, Council, and Dist	rict): You may a	dd additional paper if needed.			
, to min med	LEVEL	DATE	PLACE			
۸۱۸۷۸	PDC/DECCONUT					
(International, National, Regional	RDS/RECOGNIT	ION IN SCOU	TING			
(International, National, Regional AWARD/S	CITAT	CI): You may ac	d additional paper if needed.			
	OIIAI	1014	DATE RECEIVED			
Submitted by:						
	Signature of A	noline d				
	Signature of A	pplicant				
ndorsed by:						
Troop Leader		GSP School Coordinator				
oproved by:						
sproved by.						
Council Executi	ve		Data			
			Date			



## **PARENT'S CONSENT FORM**

To whom it may concern:	
This is to allow my o	
Day at the Baguio Convention 2023, Monday, with its theme:	to participate in the Philippine Independent on and Cultural Center from 8 a.m. onwards on June "Kalayaan, Kinabukasan, Kasaysayan."
	rl Scouts of the Division
	Name of Parent
	Signature
	Address
	Address

IMPORTANT! This form must be received at GSP Baguio City Council whichever is the camp organizer on or before\_\_\_\_\_\_

## **COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER**

Name:						
	Last		First		A 4' 1 11	
Date of Birth:			Middle			
Home Address:			Age:			
Parents/G	ents/Guardian:				Phone No.:	
Person to	notify in case	of emergency:				
Relationsh	nip:	guille.				
Address:				Phone No.:		
		COVID-19 HEALT	TH DECLARATIO			
Are yo (Kasalu		encing symptoms or have exp kakaranas ng sintomas o nak	perienced them within caranas sa huling 14 r	the last 14 days na araw? Lagyan	? Put a Check. ng Tsek.)	
	Symptoms (Mga Sintomas)			Yes (Oo)	No (Hindi)	
Sore throat	Sore throat (pananakit ng lalamunan/masakit lumunok)				(initial)	
Snortness	of Breath (Hira	p sa paghinga)				
Body Pains	(Pananakit ng	katawan)				
Headache	(Pananakit ng	ulo)				
		s (Lagnat sa mga nakali	nas na arow)			
oss of tast	e or smell (Pad	gkawala ng panlasa o pa	pas na araw)			
Cough and/	or cold (Ubo a	t/o sipon)	ing-amoy)			
Diarrhea (P	agtatae)	a diport)				
Recent Tra	vel:	e the Philippines in the la	ast 10 days? Yes	or No		
		pleted the required testing				
Please Pvaccin	faccination St put a check on e. cinated, the car	atus: your vaccination status mper needs to present a or a negative antigen re-	and kindly write th			
Fully Vaccinated with Booster		Fully Vaccinated	Partially Vaccinated	Uı	nvaccinated	
1st	2nd					

## LIABILITY WAIVER

I hereby acknowledge that COVID-19 is an extremely contagious disease caused by the coronavirus that spreads easily through person-to-person contact. I acknowledge that by attending this camp, I could increase my risk of contracting COVID-19. Further, while traveling to and attending the camp, I may not be able to practice "social distancing" and may be in close proximity to individuals who could potentially be infected with COVID-19.

I hereby voluntarily seek to attend this camp and acknowledge that my actions may increase my risk of exposure to COVID-19. I accept the risk and agree to hold harmless the Girl Scouts of the Philippines, its volunteers, and professional staff, from any and all claims that may arise from or relate to my attendance at this event or my use of GSP's facilities, including any claims concerning exposure to COVID-19 and any resulting harm or injury, including permanent disability and death.

I hereby acknowledge and agree that during my attendance at this camp, I will comply with all procedures designed to reduce the spread of COVID-19.

I hereby understand that, by signing this Waiver, I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, if I experience symptoms of COVID-19 within 14 days after attending the camp, I will notify GSP at (council/regional/NHQ email address whichever is the camp organizer.)

I hereby acknowledge that I have read the foregoing agreement, understand all its provisions, and sign it voluntarily as my own free act and deed.

Signature of Applicant over Printed Name

Consent given by:

Signature of Parents over Printed Name

Endorsed by:

Signature of Troop Leader over Printed Name

Approved by:

Signature of Council Executive over Printed Name

Date