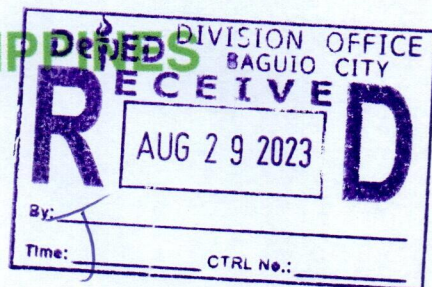




**GIRL SCOUTS OF THE PHILIPPINES**  
Northern Luzon Region  
Baguio Girl Scout Council



**CHQ CIRCULAR NO. 32**  
**Series of 2023**

**TO : DISTRICT SUPERVISORS, PRINCIPALS, HEAD TEACHERS, GSP  
DISTRICT FIELD ADVISERS, GSP SCHOOL COORDINATORS  
AND TROOP LEADERS**

**RE : Baguio Day (September 1) and Victory Day (September 3)**

**DATE : August 29, 2023**

We are pleased to inform you that the **Girl Scouts of the Philippines, Baguio City Council** will join the **114<sup>th</sup> Charter Anniversary of Baguio Day** on **Friday, September 1, 2023, 7:30am** at **Baguio Convention and Cultural Center (BCCC)** with the theme **“Visions for Resilient Future”** and **Victory September 3, 2023, 7:30am** at **Veterans Park, Harrison Road, Baguio City:**

**Details are as follow:**

**EVENT: 114<sup>th</sup> Charter Anniversary of Baguio Day**  
**DATE: FRIDAY, September 1, 2023**  
**ASSEMBLY PLACE: In-front of Baguio Convention and Cultural Center.**  
**ASSEMBLY TIME: 730 IN THE MORNING**  
**ATTIRE: COMPLETE GSP OFFICIAL UNIFORM**  
(Cap, Scarf, White Blouse, Skirt, Black Belt,  
and black closed shoes)

*Please take note: No bringing of bulky bags, hair tied neatly for girls with long hair. Bring your umbrella.*

**EVENT: VICTORY DAY**  
**DATE: SUNDAY, September 3, 2023**  
**ASSEMBLY PLACE: VETERANCE PARK, Harrison Road, Baguio City.**  
**ASSEMBLY TIME: 7:30 IN THE MORNING**  
**ATTIRE: COMPLETE GSP OFFICIAL UNIFORM**  
(Cap, Scarf, White Blouse, Skirt, Black Belt,  
and black closed shoes)

*Please take note: No bringing of bulky bags, hair tied neatly for girls with long hair. Bring your umbrella.*

In this connection, may we **request registered Girl Scouts and their registered Parents/Troop Leader** to participate on the said event.

**Confirmation of participation must be made on or before August 31, 2023. All participants are required to submit the accomplished Information Form and Parents Consent forms for Girl Scout members, and COVID 19 Health Declaration & Liability Waiver Form (COVID 19 Health Declaration & Liability Waiver will be submitted on the event day) to Girl at GSP Baguio City Council Headquarters, Leonard Wood Road, Baguio City.**

Attached are the information form, parents' consent form and COVID 19 Health Declaration and Liability Waiver Form.

We look forward to the active participation of our girls from the different schools.

Thank you in advance for your continuing support to the Scouting Movement!

Should you have further queries, you may contact of GSP Baguio City Council, at Mobile No. 0927-823-4795 or Tel. No. (074) 442-2096 on Mondays to Fridays from 9:00 a.m. to 4:00 p.m. or send an email to [gsp\\_2096@yahoo.com.ph](mailto:gsp_2096@yahoo.com.ph)

**FOR YOUR INFORMATION AND APPROPRIATE ACTION.**

**JENNIFER T. BUGTONG**  
Council Executive

Public Elementary and Secondary School Heads  
Private Elementary and Secondary Schools  
Heads/Administrators  
GSP District Field Advisers  
GSP School Coordinators and Troop Leaders

For information and guidance.

**SORAYA T. FACULO, Ph., CESO VI**

Assistant Schools Division Superintendent  
Officer-in-Charge

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



**GIRL SCOUTS OF THE PHILIPPINES**  
**Northern Luzon Region**  
**Baguio Girl Scout Council**

**INFORMATION FORM**

(Kindly fill all up the information properly)

Name of Camper: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Present School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Contact No. : \_\_\_\_\_ Age Level in Scouting: \_\_\_\_\_  
 Grade/Year \_\_\_\_\_ Troop Number: \_\_\_\_\_ Date Registered: \_\_\_\_\_  
 Badges Earned in 8-point Challenge: \_\_\_\_\_  
 Badges Earned in Special Badges: \_\_\_YUNGA \_\_\_GAT \_\_\_STV \_\_\_Free Being Me  
 Patrol Leadership Training: Date: \_\_\_\_\_ Venue: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Religious Affiliation: \_\_\_\_\_  
 Food Prohibition: \_\_\_\_\_

**SCOUTING ACTIVITIES/EVENTS ATTENDED** (International, National, Regional, Council, and District): You may add additional paper if needed.

ACTIVITY/IES	LEVEL	DATE	PLACE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GIRL SCOUT CAMPS ATTENDED** (International, National, Regional, Council, and District): You may add additional paper if needed.

CAMP/S	LEVEL	DATE	PLACE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AWARDS/RECOGNITION IN SCOUTING**

AWARD/S	CITATION	DATE RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted by:

\_\_\_\_\_ Camper's Signature

Endorsed by:

\_\_\_\_\_ Troop Leader



# GIRL SCOUTS OF THE PHILIPPINES

Northern Luzon Region  
Baguio Girl Scout Council

## PARENT'S CONSENT FORM

To whom it may concern:

This is to allow my daughter, \_\_\_\_\_ of \_\_\_\_\_ to participate in the following events:

\_\_\_\_\_ **114<sup>th</sup> Charter Anniversary of Baguio City**  
on September 1, 2023, 7:30am  
Baguio Cultural Convention Center  
Governor Pack Road, Baguio City

\_\_\_\_\_ **Victory Day of Veterans**  
On September 3, 2023  
Veterans Park, Harrison Road,  
Baguio City

**(Note: Please put check (/) the event you would like your daughter to attend)**

We will not hold the Girl Scouts of the Philippines responsible for any untoward incident that may happen beyond its control.

\_\_\_\_\_  
Name & Signature of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date



**GIRL SCOUTS OF THE PHILIPPINES**  
Northern Luzon Region  
Baguio Girl Scout Council

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

Region:		Council:		
Name:				
<i>Last</i>	<i>First</i>	<i>Middle</i>		
Date of Birth:		Age:		
Home Address:		Phone No.:		
Person to notify in case of emergency:				
Relationship:				
Address:		Phone No.:		
<b>COVID-19 HEALTH DECLARATION</b>				
<b>COVID-19 Exposure:</b> Are you currently experiencing symptoms or have experienced within the last 14 days? Put a Check. (Kasalukuyan ka bang nakakaranas ng sintomas o nakaranas sa huling 14 na araw? Lagyan ng Tsek.)				
<b>Symptoms (Mga Sintomas)</b>		<b>Yes (Oo)</b>	<b>No (Hindi)</b>	
Sore throat (pananakit ng lalamunan/masakit lumunok)				
Shortness of Breath (Hirap sa paghinga)				
Body Pains (Pananakit ng katawan)				
Headache (Pananakit ng ulo)				
Fever for the past few days (Lagnat sa mga nakalipas na araw)				
Loss of taste or smell (Pagkawala ng panlasa o pang-amoy)				
Cough and/or cold (Ubo at/o sipon)				
Diarrhea (Pagtatae)				
<b>Recent Travel:</b> Did you travel outside the Philippines in the last 10 days? Yes _ or No _ If yes, have you completed the required testing or protocol?				
<b>COVID-19 Vaccination Status:</b> Please put a check on your vaccination status and kindly write the brand of your COVID-19 vaccine.				
<b>Fully Vaccinated with Booster</b>		<b>Fully Vaccinated</b>	<b>Partially Vaccinated</b>	<b>Unvaccinated</b>
1 <sup>st</sup>	2 <sup>nd</sup>			

**LIABILITY WAIVER**

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

I hereby voluntarily seek to attend this training 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 training, 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 training, I will notify GSP at (Council/Region/National email address whichever is the training 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 Participant over Printed Name

Approved by:

\_\_\_\_\_  
Signature of Council Executive over Printed Name

\_\_\_\_\_  
Signature of Regional Executive Director over Printed Name

\_\_\_\_\_  
Date