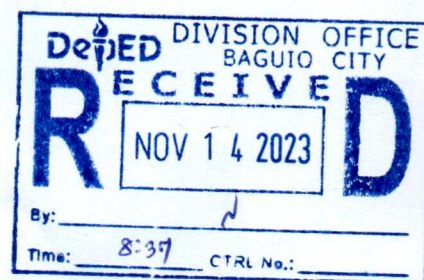




Boy Scouts of the Philippines  
**BAGUIO CITY COUNCIL**  
28 Gov. Pack Road, Baguio City  
Tel No. (074) 246 - 6874



07 November 2023

COUNCIL OFFICE MEMORANDUM  
NUMBER **07** s. 2023

### 1<sup>ST</sup> NORTHEASTERN LUZON REGIONAL VENTURE CAMP

1. The Boy Scouts of the Philippines, Baguio City Council will organize a contingent of Senior Scouts and Scout Leaders to the **1<sup>st</sup> Northeastern Luzon Regional Venture Camp** on **November 30 - December 3, 2023** at **Bata kang, Data, Sabangan, Mountain Province**.

2. Aims and Objectives:

At the end of the Venture Camp, the Scouts are expected to have:

- a. Developed their full physical, intellectual, emotional, social, and spiritual capacities;
- b. Contributed to the development of a better world through experiential learning activities;
- c. Discovered, shared and immersed in the culture and historical heritage of the host community.

3. Qualification for Participation.

The following are the qualifications for all participating Scouts and Adult Leaders:

- Senior Scouts

- Must be currently registered as Senior Scout;
- Physically fit to undergo strenuous activities especially in the outdoors as certified by a licensed Physician;
- Shows leadership potentials in his/her Unit;
- Must be at least thirteen (13) to nineteen (19) years old;
- Secure his/her Parent's/Guardian's Consent; and
- Must have his/her own camping gears and equipment

- Outfit Advisers

- Must be of good moral character;
- Must be currently registered as Outfit Adviser;
- Must be Physically Fit as certified by a licensed Physician;
- Must have his/her own camping gears and equipment.

4. Registration Fee:

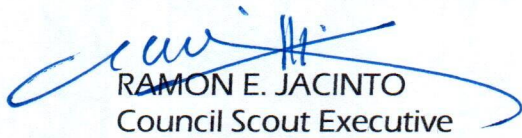
A Jamboree Registration Fee of **THREE THOUSAND FIVE HUNDRED PESOS (Php. 3,500.00)** shall be charged from each participant (Scouts and Adult Leaders) to cover expenses for transportation (Baguio - Sabangan - Baguio), Camp Registration fee, meals, contingent t-shirt and other operational budgetary needs.

Note: A non-refundable but transferrable reservation fee of Two Thousand Pesos (Php 2,000.00) must be remitted to the BsoP, Baguio City Council Office on or before **November 24, 2023** to ensure participation.

5. All Scouting Districts/Schools are therefore enjoined to give everyone all possible opportunities to experience attending the **1<sup>st</sup> NELR Venture Camp**.

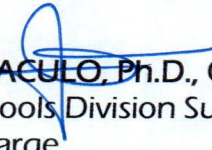
*/Should anybody need more additional information*

6. Should anybody need more additional information about the Jamboree, please feel free to visit the Baguio City Council Office located at No. 28 Gov. Pack Road, Baguio City or call/text the following cp numbers: **09396557077 09289978005 09162864250**.
7. Please confirm your participation and strength on or before Friday, Novem at the above address or telephone number so that appropriate preparations will be made prior to the activity.
8. Attached is a copy of the Jamboree Application Form which can be reproduced to meet your needs.
9. For information, guidance and widest dissemination.

  
RAMON E. JACINTO  
Council Scout Executive

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

FOR YOUR INFORMATION AND  
APPROPRIATE ACTION

  
SORAYA T. FACULO, Ph.D., CESO VI  
Assistant Schools Division Superintendent  
Officer-In-Charge  
Office of the Schools Division Superintendent  
Council Scout Commissioner

# 1<sup>st</sup> NORTHEASTERN LUZON REGIONAL VENTURE CAMP

## PARTICIPANT'S APPLICATION FORM

BATAKANG, DATA, SABANGAN, MOUNTAIN PROVINCE • 30 NOVEMBER TO 03 DECEMBER 2023

### 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 **1<sup>st</sup> Northeastern Luzon Regional Venture Camp**.

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)

# 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**

Small Pox	Date of last inoculation	_____	Date of last inoculation	_____
Diphtheria	_____	Polio (shots or oral)	_____	
Tetanus Toxoid	_____	Others	_____	

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.