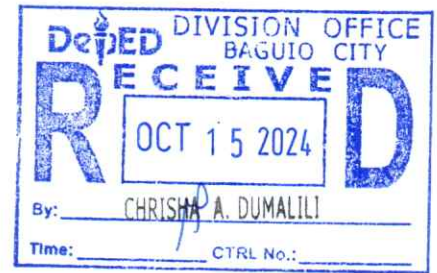




Boy Scouts of the Philippines
BAGUIO CITY COUNCIL
28 Gov. Pack Road, Baguio City
Tel No. (074) 246 - 6874



15 October 2024

COUNCIL OFFICE MEMORANDUM
NUMBER *06* s. 2024

9th NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE

1. The Boy Scouts of the Philippines, Baguio City Council will organize a contingent of Boy Scouts, Senior Scouts and Scout Leaders to the **9th Northeastern Luzon Regional Scout Jamboree on November 19 - 23, 2024 at Barangay Rang-ayan, City of Ilagan, Isabela** hosted by BSP Isabela Council with the theme "**BSP Elevate @ 88: Futureproofing Scouting for the Next Century and Beyond.**"
2. The Jamboree aims to empower and develop young people to attain its full potential and capabilities with proper knowledge, skills, values and attitude anchored to the principles and ideals of Scouting.
3. Qualification for Participation.

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

- Scouts
 - Must be currently registered Boy Scout (9 - 12 years old) or Senior Scout (13 - 18 years old)
 - Physically fit to undergo strenuous activities especially in the outdoors as certified by a licensed Physician;
 - Secure his/her Parent's/Guardian's Consent; and
 - Must have his/her own camping gears and equipment
- Troop Leaders/Outfit Advisers
 - Must be a registered Troop Leader or Outfit Advisor
 - Must be of good moral character;
 - 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 **FOUR THOUSAND SIX HUNDRED PESOS (Php. 4,600.00)** shall be charged from each participant (Scouts and Adult Leaders) to cover expenses for transportation (Baguio City - City of Ilagan, Isabela – Baguio City), Camp Registration fee, meals, contingent t-shirt and other operational budgetary needs.

Note: A non-refundable but transferrable reservation fee of Two Thousand Six Hundred Pesos (Php 2,600.00) must be remitted to the BsoP, Baguio City Council Office on or before **November 08, 2024** to ensure participation.


5. All Scouting Districts/Schools are therefore enjoined to give everyone all possible opportunities to experience attending the **9th Northeastern Luzon Regional Scout Jamboree**.
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. Attached is a copy of the Jamboree Application Form which can be reproduced to meet your needs.
8. 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
Schools Division Superintendent
Council Scout Commissioner

Boy Scouts of the Philippines
9th NORTHEASTERN LUZON REGIONAL SCOUT JAMBOREE

November 19 - 23, 2024
Barangay Rang-ayan, City of Ilagan, 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 4,600.00
_____ reservation fee of P 2,600.00

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/daughter in the **9th Northeastern Luzon Regional Scout Jamboree**

We further agree to have said Scout meet the health requirements which includes his/her 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):

- Fainting Spells
- Head Ache
- Chest Pain

- Palpitation
- Convulsions
- Others

- Nervousness
- Frequent Cough

- Shortness of Breath
- Easy Fatigue

Describe: _____

Have or subject to trouble with (check if yes):

- Eye, Ear, Nose, Throat
- Recurrent Diarrhea
- Hypertension
- Diabetes

- Hernia
- Heart
- Kidney
- Whooping Cough

Have bad: (check if yes)

- Allergy
- Lungs
- Malaria

YEAR

- Measles _____
- Mumps _____
- Chicken Pox _____

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATIONS

Small Pox _____ Date of last inoculation _____
 Diphtheria _____
 Tetanus Toxoid _____

Polio (shots or oral) _____ Date of last inoculation _____
 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

- Eyes
- Vision
- Ears
- Nose
- Throat
- Teeth
- Lungs
- Heart
- Blood Pressure
- Abdomen

Abnormal

-
-
-
-
-
-
-
-
-
-

Explanation if abnormal

- Hernia
- Genitalia
- Extremities
- Posture (spine)
- Skin
- Urinalysis
- Emotional Stability

IMMUNIZATION (see history)

(Check one)

	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"/>	_____

Date given

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.