Boy Scouts of the Philippines
BAGUIO CITY COUNCIL
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DepED DIVISION OFFICE BAGUIO CITY
RELEASED
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By:
Time: CTRL No.:

16 November 2026

COUNCIL MEMORANDUM
NUMBER *05* s 2026

CREW LEADERS TRAINING COURSE (CLTC)

1. We are pleased to announce the conduct of a **CREW LEADERS TRAINING COURSE** (CLTC) on December 4-6, 2026 to be hosted by Baguio City National Science High School, Irisan, Baguio City.

2. The purpose of this Course is to:

   a. Demonstrate typical Senior Scout activities and the need for intelligent coordination of effort through leadership;
   b. Underline the necessity for discipline and good order;
   c. Demonstrate the technique of "learning through doing" by the immediate application of Scouting skills newly acquired,
   d. Give as many Scouts as possible the experience of leadership;
   e. Direct the Crew Leaders attention in a practical way towards the opportunities for leadership in Scouting.

3. Qualified to attend the training are:

   a. Currently registered Senior Scout;
   b. Physically fit for the training. Re-registration of expired membership should be made prior to the conduct of the course;
   c. Must have Type A uniform;
   d. At least Grade 7 and with Parents/Guardian's consent;
   e. Must bring their own notebook and ballpen;
   f. Must bring their own sleeping bag/ground mat, blanket, extra working cloths and other personal needs.
   g. Must bring their own food sufficient for the duration of the training.

4. A registration fee of **Php 300.00** will be charged each participant to cover training materials, certificates and other administrative expenses.

   Note: A reservation fee of Two Hundred Pesos (**Php 200.00**) must be remitted to the BSP Baguio City Council Office on or before Thursday, November 26, 2026 to ensure participation.

5. Other details of the training are:

   a. Participants will bring their own cooking equipments and must arrange their own transportation from point of origin to the training site drop-off point and return.

   b. Schools must organize their contingents which shall be sub-divided into Crews.

   c. Orderliness, cleanliness and discipline shall be observed all the time.

6. Arrival of participants is **Friday, December 4, 2026** at **4:00 o'clock in the afternoon** for the registration. The Opening Program will commence at 5:00 p.m.

   It is also expected that participants are ready to answer the roll call.

7. Attached is a copy of the Training 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
APPRORIATE ACTION.

SORAYA T. FACULO, Phd., CESO V
Schools Division Superintendent
Council Scout Commissioner

Note:
* classes will not be affected; the activity will start at 4pm on the 4th of Dec. 2026 that is Friday night just after the test. Performance

Boy Scouts of the Philippines
CREW LEADERS TRAINING COURSE
November 27 - 29, 2026
Baguio City Nastional; Science High School, Baguio City

REGISTRATION FORM

(*Please type or print legibly*)

Date: _____

Sponsoring Institution/School: _____

Name: _____ Nationality: _____
Last Name First name Middle Initial

Date of Birth: _____ Place of Birth: _____ Height: _____ Weight: _____
Mailing Address: _____ Tel./Mobile No.: _____
Father's Name: _____ Mother's Name: _ _____
Sponsoring Institution/School : _____
School Address: _____ Tel./Mobile 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 300.00*

I do hereby agree to exert my very best to be worthy as a representative not only my school/sponsoring institution, but also the Boy Scouts of the Philippines, through my strict observance of the Scout Ideals as embodied in the Scout Oath and Law.

And as a participant, I shall obey and cooperate with the Training Staff and Scout 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 injury or damage to personal property that may occur beyond the control of the Training Staff provided adequate safety measures and precautions are instituted in connection with the participation of my son/daughter in the **CREW LEADERS TRAINING COURSE** (CLTC).

We further agree that my son/daughter meet the health requirements which includes his/her examination by a Medical Officer who will use the form provided by Boy Scouts of the Philippines, Baguio Council 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 training as set forth by the Boy Scouts of the Philippines.

_____ _____ _____
Troop Leader/ Outfit Adviser (Signature over Printed Name) Date Institutional Head (Signature over Printed Name)

_____ _____
Council Scout Executive (Signature over Printed Name) 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

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

In the event of illness or injury occurring, my son/daughter during his attendance at the training, 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.

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
☐ Eyes	☐	
☐ Vision	☐	
☐ Ears	☐	
☐ Nose	☐	
☐ Throat	☐	
☐ Teeth	☐	
☐ Lungs	☐	
☐ Heart	☐	
☐ Blood Pressure	☐	
☐ Abdomen	☐	
Hernia		
Genitalia		
Extremities		
Posture (spine)		
Skin		
Urinalysis		
Emotional Stability		

IMMUNIZATION (*see history*)	(Check one) OK	Needed	Date given
Smallpox	☐	☐	_____
Diphtheria	☐	☐	_____
Tetanus Toxoid	☐	☐	_____
Polio	☐	☐	_____
Cholera-Dysentery-Typhoid	☐	☐	_____

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) _____

_____
Physician and License No.
(Signature over Printed Name)