



Republic of the Philippines
Department of Education
Region VII, Central Visayas

DepEd

DIVISION OF CEBU PROVINCE

Sudlon, Lahug, Cebu City

SEP 21 2015

Division Memorandum
No. 622 s. 2015

16TH NATIONAL SCOUT JAMBOREE

To: Division Field Commissioners
District/School Commissioners
Secondary School Commissioners
Heads, Private Elementary and Secondary Schools

1. Attached is Boy Scouts of the Philippines (BSP), Cebu Council Memorandum No. 16, s. 2015, announcing the **16th National Scout Jamboree on October 24 – 30, 2015 at the Energy Park, Apokon, Tagum City, Davao del Norte with the theme “Peace and Development Through Scouting”**, for the information and guidance of all concerned..

2. Registration fee, Cebu Council Contingent T-shirt, Boat Fare and Bus Fare.

| | |
|--|---------------------|
| Registration Fee | PhP 500.00 |
| Cebu Council Contingent T-shirt | PhP 250.00 |
| Boat Fare: Cebu-Cagayan (2 Ways) | PhP 2,000.00 |
| Bus Fare: Cagayan – Tagum City (2Ways) | PhP 1,600.00 |
| TOTAL | PhP 4,350.00 |

3. Only those who have participated in the Pre-Jamboree Training are allowed to join in the 16th National Scout Jamboree.

4. For more details, refer to the attached communication.

5. Immediate and wide dissemination of this Memorandum is desired.

ARDEN D. MONISIT, Ed.D.
Schools Division Superintendent

Telephone Numbers:

Schools Division Superintendent:
Asst. Schools Division Superintendent:
Accounting Section:

(032) 255-6405
(032) 414-7457
(032) 254-2632

Website : www.depedcebuprovince.com
E-mail Add : depedcebuprovince@yahoo.com



August 24, 2015

COUNCIL MEMORANDUM
No. 16, Series of 2015

TO : District Commissioners (District Supervisors)
School Commissioners (Institutional Heads)
Public and Private Elementary and Secondary Schools

SUBJECT : 16TH NATIONAL SCOUT JAMBOREE

1. Per National Office Memorandum No. 42, Series of 2015 of the Boy Scouts of the Philippines, there will be a 16th National Scout Jamboree on October 24-30, 2015 at the Energy Park, Apokon, Tagum City, Davao del Norte with the theme: "Peace and Development Through Scouting."
2. **Aims and Objectives.** The Jamboree aims to provide a progressive, safe and enjoyable learning environment for the Scouts in order to enhance their physical, social, mental, emotional and spiritual potentials. At the end of the Jamboree, the participants should be able to:
 - 2.1. Promote the highest quality of Scouting, one that is faithful to the mission, principles and method of Scouting and adapted to the needs and aspirations of young people;
 - 2.2. Undertake high adventure activities, including community service projects related to the current thrusts of World Scouting (Environment Education, Peace Education and Development Education) through the Messengers of the Peace (MOP) initiatives, World Environment Programme (WSEP, including the Solar Badge) and the Scouts of the World Award (SWA);
 - 2.3. Undergo projects, programs and activities that will cater to the fulfillment of requirements of selected merit badges and scout ranks under the Advancement Scheme;
 - 2.4. Develop core life skills and 21st century leadership capabilities through team building, cooperative learning, group dynamics, creative problem-solving and decision-making skills;
 - 2.5. Keep oneself abreast with the prevailing issues about the environment, human rights, health, education, culture and science and technology through the Global Development Village, City of Science and Cross Roads of Cultures;
3. **Qualifications.** The following are the qualifications for the participating Scouts and Adult Leaders, namely:
 - 3.1. A Scout is expected to have leadership potentials, sufficient camping experience, and physically fit to undergo strenuous activities with corresponding parents' consent and:
 - Must be currently registered as a Boy or a Senior Scout
 - Must be at least nine (9) to twelve (12) years old for Boy Scouts and twelve (12) to seventeen (17) years old for Senior Scouts
 - Must be equipped with camping gears
 - 3.2. Participating Adult Leaders must have the maturity and clarity about his/her role and:
 - Must be currently registered
 - Must be physically fit as certified by a physician
 - Must be of good moral character
 - Must be equipped with camping gears
 - Preferably Bead Holder or graduates of Advanced Training Courses (ATC)

Boy Scouts of the Philippines

CEBU COUNCIL

2/F Cebu Council, BSP Headquarter Building, N. Dacalso Ave. & Tres de Abril St., Cebu City, Philippines
Tel: (032) 418-6258 Telefax: (032) 418-6258 Email: cebu.bsp@scouts.org.ph

4. Registration Fee, Cebu Council Contingent T-shirt, Boat Fare and Bus Fare.

| | | |
|---|---|-------------------|
| ➤ Registration Fee | – | P 500.00 |
| ➤ Cebu Council Contingent T-shirt | – | P 250.00 |
| ➤ Boat Fare: Cebu – Cagayan (2 ways) | – | P 2,000.00 |
| ➤ Bus Fare: Cagayan – Tagum City (2 ways) | – | <u>P 1,600.00</u> |
| | | P 4,350.00 |

4.1. The Registration Fee of P 500.00 and the Cebu Council Contingent T-shirt of P 250.00 are due on the Pre-Jamboree Training scheduled on September 19, 2015 (Saturday) at Mabolo Elementary School from 8:00 a.m. to 5:00 p.m.;

4.2. The balance of THREE THOUSAND SIX HUNDRED PESOS (P 3,600.00) for the Boat Fare and Bus Fare is due on or before October 2, 2015 (Friday) at Cebu Council BSP Office.

5. Schedule of Departure

- October 22, 2015 – 8:00 P.M.
 - Departure from Cebu to Cagayan (by boat)
- October 23, 2015 – 5:00 A.M.
 - Departure from Cagayan to Tagum City (by bus) 11 hours trip
- October 29, 2015 – 9:00 P.M.
 - Departure from Tagum City to Cagayan (by bus)
- October 30, 2015 – 10:00 A.M.
 - Departure from Cagayan to Cebu (by boat)

6. **Pre-Jamboree Training Required.** Only those who have participated in the Pre-Jamboree Training are allowed to join in the 16th National Scout Jamboree.

7. **Participation Ratio.** To exercise effective and efficient unit organization and management, a ratio of one (1) Adult Leader for every eight (8) Boy/Senior Scouts (1:8) must be observed in the composition of the Jamboree Contingent.

8. **Participation Quota.** Cebu Council-BSP is allocated THREE HUNDRED (300) Scouts and Unit Leaders.

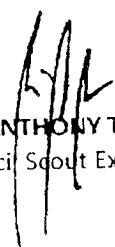
9. All accompanying Adults in excess of the required participation ratio shall camp and sleep at the Adult Hub.

NOTE: Participation ratio is 1:8 (1 Adult Leader: 8 Scouts) only the Scouts and their designated Adult Leader will be allowed to stay at the camps.

10. Attached are the following:

- Roster of Participants
- Application Form
- Health and Medical Record

11. Widest dissemination of this Memorandum is desired.


IAN ANTHONY T. DIOLA
Council Scout Executive

ROSTER OF PARTICIPANTS 16TH NATIONAL SCOUT JAMBOREE

ENERGY PARK, APOKON, TAGUM CITY, DAVAO DEL NORTE • 24-30 OCTOBER 2015
THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

Sponsoring Institution _____

Address _____

Council _____

Region _____

| DESCRIPTION | COMPLETE NAME (please write in PRINT) | AGE | GENDER | Current Rank | Position in the Unit |
|--------------|--|-----|--------|--------------|----------------------|
| Adult Leader | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |

| DESCRIPTION | COMPLETE NAME (please write in PRINT) | AGE | GENDER | Current Rank | Position in the Unit |
|--------------|--|-----|--------|--------------|----------------------|
| Adult Leader | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |

| DESCRIPTION | COMPLETE NAME (please write in PRINT) | AGE | GENDER | Current Rank | Position in the Unit |
|--------------|--|-----|--------|--------------|----------------------|
| Adult Leader | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |

| DESCRIPTION | COMPLETE NAME (please write in PRINT) | AGE | GENDER | Current Rank | Position in the Unit |
|--------------|--|-----|--------|--------------|----------------------|
| Adult Leader | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |
| Boy/Sr Scout | | | | | |

Prepared By _____

Noted By: _____

Unit Leader's Signature Over Printed Name _____

Institutional Head/Representative _____

Approved By: _____

Sub-Camp Assignment _____

Status of Payment _____

Verified By _____

Council Scout Executive/Officer-in-Charge _____

Posted/Recorded _____

APPLICATION FORM
16TH NATIONAL SCOUT JAMBOREE
 ENERGY PARK, APOKON, TAGUM CITY DAVAO DEL NORTE • 24-30 OCTOBER 2015
 THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

| | | | |
|------------------------------|-------------------------|----------------------|--------------------|
| Name | _____ | _____ | _____ |
| | <i>Family Name</i> | <i>Given Name</i> | <i>Middle Name</i> |
| Present Address | _____ | | |
| Email Address | _____ | Contact # | _____ |
| Date of Birth | _____ | Place of Birth | _____ Age _____ |
| Religion | _____ | Civil Status | _____ Gender _____ |
| Council | _____ | | Region _____ |
| Sponsoring Institution | _____ | | |
| Unit # | Membership Card # _____ | Date of Registration | _____ |
| Position in the Troop/Outfit | _____ | Current Rank | _____ |

PARENT'S / GUARDIAN'S CONSENT

I understand that the participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and regulations and standards of conduct. I release the Boy Scouts of the Philippines the Local Council, the activity coordinators, and all professional staff, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

 Signature over Printed Name of Parent/Guardian
 Date _____

ACTION OF THE SPONSORING INSTITUTION

This is to certify that Scout _____ is a bonafide member of the Boy Scouts of the Philippines registered in this institution, under the _____ Council.

 Unit Leader's Signature Over Printed
 Date _____

 Institutional Head / Representative
 Date _____

ENDORSEMENT OF THE LOCAL COUNCIL

| |
|----------------------------|
| Registration Status |
| Reservation Fee: _____ |
| Balance: _____ |
| Full Payment: _____ |
| Date: _____ |
| OR No. _____ |

I hereby endorse the participation of Scout _____ to the 16th National Scout Jamboree.

 Council Scout Executive/Officer-in-Charge
 Date _____

16TH NATIONAL SCOUT JAMBOREE 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"/> Abdominal Pain | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent Cough | <input type="checkbox"/> Easy Fatigue | <input type="checkbox"/> Frequent Fever |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Others _____ | | | |
| Describe: _____ | | | | |

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

| | | | | |
|---|---|----------------------------------|--------------------------------------|------------|
| <input type="checkbox"/> Eye, Ear, Nose, Throat | <input type="checkbox"/> Hernia | <input type="checkbox"/> Allergy | <input type="checkbox"/> Measles | YEAR _____ |
| <input type="checkbox"/> Recurrent Diarrhea | <input type="checkbox"/> Heart | <input type="checkbox"/> Lung | <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 | | | _____ |

Have had: (check if yes)

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain: _____

| IMMUNIZATION | Date of last inoculation | Polio (Short or Oral) | Date of last inoculation |
|----------------|--------------------------|-----------------------|--------------------------|
| Smallpox | _____ | Others | _____ |
| Diphtheria | _____ | | |
| Tetanus Toxoid | _____ | | |

If applicant is under 21 years of age

In the event of illness or injury occurring to my son during his attendance at the Jamboree / Training I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement 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 EXAMINATIONS

TO THE PHYSICIAN: Your careful examination and written recommendation 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"/> | _____ |
| <input type="checkbox"/> | Hernia | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Genitalia | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Extremities | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Posture (Spine) | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Skin | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Urinalysis | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Emotional Stability | <input type="checkbox"/> | _____ |

| IMMUNIZATION (See history) | (Check One) | Date Given |
|-------------------------------|---------------------------------|------------|
| Smallpox | <input type="checkbox"/> OK | _____ |
| Diphtheria | <input type="checkbox"/> Needed | _____ |
| Tetanus Toxoid | <input type="checkbox"/> | _____ |
| Polio | <input type="checkbox"/> | _____ |
| Cholera / Dysentery / Typhoid | <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 & Hiking Water Sports Competitive Sports

Recommendations and/or restrictions (if none, so state): _____

Signed _____ Signed: _____

Examinee Physician and License No.