



**December 7, 2015**

**Division Memorandum**

No. 846 s. 2015

**11<sup>TH</sup> CEBU COUNCIL JAMBORETTE**

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. 34, s. 2015, dated November 20, 2015, informing the field on the conduct of the **11<sup>th</sup> Cebu Council Jamborette on December 19 – 23, 2015 at Capitol Hills Scout Camp, Lahug, Cebu City** with the theme: **“Scouts: our Hope”**, for the information and guidance of all concerned.
2. For details, please refer to the attached Council Memorandum.
3. Immediate and wide dissemination of this Memorandum is desired.

  
**RHEA MAR A. ANGTUD, Ed. D., CESO VI**  
Schools Division Superintendent 

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**Boy Scouts of the Philippines  
CEBU COUNCIL**

20 November 2015

**COUNCIL MEMORANDUM**

Number 34, Series of 2015

**TO :** All Schools Division Superintendents

- Bogu City Division
- Carcar City Division
- Cebu City Division
- Cebu Province Division
- City of Naga Division
- Danao City Division
- Lapu-Lapu City Division
- Mandaue City Division
- Talisay City Division
- Toledo City Division

**SUBJECT :** 11<sup>TH</sup> CEBU COUNCIL JAMBORETTE

- 
1. We are pleased to announce the holding of the 11<sup>th</sup> Cebu Council Jamborette on **December 19 – 23, 2015 at Capitol Hills Scout Camp, Lahug, Cebu City** with the theme: **"Scouts: Our Hope"**.
  2. Activities lined-up for the 5 days camping are focused on leadership, advancement, community development, environmental preservation and camaraderie.
  3. Objectives:
    - To instill in our Scouts the Scout Oath and Law.
    - To prepare our Scouts in times of emergency.
    - To improve the leadership skills and ability to work as a team.
    - To be able to practice time management and decision-making.
  4. The following are the guidelines to determine the contingent requirements:
    - a. **Participation:**
      - For Boy Scouts**
        - a.1 Must have attended Institutional Camping.
        - a.2 Must have attended District Camping.
        - a.3 Must be 2<sup>nd</sup> Class in Rank.
        - a.4 Must be physically fit.
        - a.5 Must be currently registered in the Cebu Council, BSP
        - a.6 Must secure Medical Certificate
        - a.7 Must secure Parent's Permit.
      - For Senior Scouts**
        - a.1 Must have attended District Camping
        - a.2 Must be at least Pathfinder in Scout Rank
        - a.3 Must be currently registered in the Cebu Council, BSP
        - a.4 Must secure Medical Certificate
        - a.5 Must secure Parent's Permit.
        - a.6 Must be physically fit

- b. **Registration:** A registration of Five Hundred Pesos Only (Php500.00) shall be charged each participant to cover the expenses for program materials individual souvenir items (Slide, Neckerchief and Patch) and other incidental expenses.
- c. **Equipment:** It is suggested that only handy and necessary equipment (tent, cooking gears, sleeping bags, food provisions, uniform, costumes, extra clothes, flashlight, personal toilet kit, first aid kit, etc.) should be brought by every contingent.
- d. **Food:** The delegates will take care of their own food provisions for the duration of the jamborette.
- e. **Transportation:** Transportation to and from the venue is the responsibility of every contingent.

- 5. Attached are the following forms:
  - a. Application Form
  - b. Health and Medical Record
  - c. Roster of Participants

- 6. For immediate dissemination.



**IAN ANTHONY T. DIOLA**  
Council Scout Executive

**APPLICATION FORM**  
**11<sup>TH</sup> CEBU COUNCIL JAMBORETTE**  
 CAPITOL HILLS SCOUT CAMP, LAHUG, CEBU CITY • 19-23 DECEMBER 2015  
 THEME: "SCOUTS: OUR HOPE"

Name \_\_\_\_\_  
Family Name Given Name Middle Name

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 \_\_\_\_\_

<b>REGISTRATION STATUS</b>	
Reservation Fee: _____	Date: _____
Balance: _____	OR No.: _____
Full Payment: _____	

# 11<sup>TH</sup> CEBU COUNCIL JAMBORETTE 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	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"/> Recurrent Diarrhea	<input type="checkbox"/> Heart
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Whooping Cough

Have had: (check if yes)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Measles
<input type="checkbox"/> Lungs	<input type="checkbox"/> Mumps
<input type="checkbox"/> Malaria	<input type="checkbox"/> Chicken Pox

YEAR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any condition now requiring regular medication? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

Explain \_\_\_\_\_

### IMMUNIZATION

Smallpox	Date of last inoculation	Polio (Short or Oral)	Date of last inoculation
Diphtheria	_____	Others	_____
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: \_\_\_\_\_

Applicant

Approved by: \_\_\_\_\_

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	<input type="checkbox"/> Needed	_____
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 & Hiking       Water Sports       Competitive Sports

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

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Examinee

Physician and License No.

**ROSTER OF PARTICIPANTS**  
**11<sup>TH</sup> CEBU COUNCIL JAMBORETTE**  
 CAPITOL HILLS SCOUT CAMP, LAHUG, CEBU CITY • 19-23 DECEMBER 2015  
 THEME: "SCOUTS: OUR HOPE"

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					
Boy/Sr. Scout					

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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 \_\_\_\_\_