



October 3, 2019

DIVISION MEMORANDUM
No. 613 S. 2019

17th NATIONAL SCOUT JAMBOREE

To: Assistant Schools Division Superintendents
Chiefs, SGOD/CID
Education Program Supervisors/Coordinators
Public Schools District Supervisors
Public Elementary and Secondary School Heads
Public Elementary and Secondary School Teachers
All Others Concerned

1. For the information and guidance of all concerned, attached herewith is the Council Memorandum No. 44, Series of 2019 which entitled "**17th NATIONAL SCOUT JAMBOREE**".
2. For further information, please see attached.
3. For Compensatory Time Off (Off) participants are entitled, in accordance with the provision of DepEd Order No. 19, s. 2011 and D.O No. 53, s. 2003 for Non-teaching CTO per CSC and DBM Circular No. 2, s. 2004.
4. This Memorandum serves as their **Authority to Travel**.
5. Travel and other incidental expenses shall be chargeable against SEF/BSP Fund subject to its availability and usual accounting and auditing rules and regulations.
6. For immediate and wide dissemination is required.


RHEA MAR A. ANGTUD, Ed.D.
School Division Superintendent



Boy Scouts of the Philippines
Eastern Visayas Region
CEBU COUNCIL

October 1, 2019

Council Memorandum

No. 44 , Series of 2019

TO : DIVISION FIELD COMMISSIONERS,
DISTRICT / SCHOOL COMMISSIONERS,
SECONDARY SCHOOL COMMISSIONERS,
HEAD, PRIVATE ELEMENTARY AND SECONDARY SCHOOLS

SUBJECT : 17TH NATIONAL SCOUT JAMBOREE

1. The Boy Scouts of the Philippines (BSP) is pleased to announce the holding of the **17th National Scout Jamboree on 01 – 07 December 2019 at Camp Kainomayan, Botolan, Zambales** with the Theme: **“Commitment to Excellence.”**
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 Messenger of Peace (Mop) Initiatives, World Scout 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 the 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 about 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, viz:

3.1. A Scout is expected to have leadership potentials, sufficient camping experience, physically fit to undergo strenuous activities with corresponding parent's consent and:

- Must be currently registered as a Boy or a Senior Scout
- Must be at least ten (10) 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
- Must have camping experience

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 a Bead Holder or graduate of Advanced Training Courses (ATC)

4. **Registration Details.** Stated below are important information regarding the Jamboree Registration System and procedure, viz:

4.1 **Registration Fee.** A Registration Fee of **FIVE HUNDRED PESOS (Php 500.00)** shall be charged from each of the participants in order to defray administrative cost, program materials, souvenir items and other operating expenses.

Registration Fees for the Jamboree must be paid directly to the host council [Ramon Magsaysay Council] via bank transfer to their bank account, Landbank Bank Account Name: **Ramon Magsaysay Council, BSP** with Account Number- **1121090828**.

The Roster of Participants (see attached), together with the photocopy or scanned copy of the bank deposit slip must be submitted to the host council through the Council Scout Executive on the same date via e-mail at bspzambales1947@gmail.com and copy furnished the Cebu Council, BSP at cebuCouncil@gmail.com. **THE ROSTER OF PARTICIPANTS MUST INDICATE THE SCOUTING SECTION (Boy/Senior) OF THE PARTICIPANTS.**

4.2 **Pre-Registration and Deadlines.** A non-refundable but transferable Reservation Deposit of **Three Hundred Pesos (Php 300.00)** must be paid to the host council on or before **15 October 2019, Tuesday**. The remaining balance must be settled not later than **31 October 2019, Thursday**.

To preclude any logistical problems and complications, the Pre-Registration will DETERMINE THE ACTUAL NUMBER OF PARTICIPANTS of each Local Council and/or Scouting Region. The Jamboree Organizing Committee and the National Project Management Team WILL NOT BE ACCEPTING ANY ON-SITE REGISTRATION. ONLY THE HOST RAMON MAGSAYSAY COUNCIL IS AUTHORIZED TO COLLECT AND/OR RECEIVE THE JAMBOREE REGISTRATION FEE.

Regardless as to whether the total numbers of pre-registered participants have been met or not during the actual conduct of the Jamboree, the assigned Area will

be required to pay for the remaining balance of the total number of pre-registered participants.

5. **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.
6. **Food Provision.** The Jamboree Contingent of each Area must provide for their own food and other basic requirements that will be sufficient throughout the entire duration of the Jamboree. Each contingent is responsible in managing their respective kitchens, mess and commissaries. Wet and Dry Markets will be made available at the Jamboree Site in order to ensure the availability of food supplies at reasonable prices.
7. **Jamboree Bulletins.** The National and Local Jamboree Organizing Committees, thru the National Project Management Team of the 17th National Scout Jamboree, will be publishing and releasing **Jamboree Bulletins** from time to time in order to provide everyone with the latest information and details about the Jamboree, allowing and enabling all participants to adequately prepare for the event.
8. Interested participants for the 17th National Scout Jamboree must be a participant of the 12th Cebu Council Jamborette by submitting a copy of their Certificate of Participation.
9. For information, guidance, compliance and widest dissemination of all concerned.



CRISLIN K. ILUSTRISIMO
Field Scout Executive
OIC-Council Scout Executive

Attached:
Application Form
Medical Form
Roster of Participants

APPLICATION FORM
17th NATIONAL SCOUT JAMBOREE

BOTOLAN, ZAMBALES • 01-07 DECEMBER 2019

THEME: "Commitment to Excellence"

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 _____

ENDORSEMENT OF THE LOCAL COUNCIL

<p align="center">Registration Status</p> <p>Reservation Fee: _____</p> <p>Balance: _____</p> <p>Full Payment: _____</p> <p>Date: _____</p> <p>OR No. _____</p>
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I hereby endorse the participation of Scout _____
to the **17th National Scout Jamboree**.

Council Scout Executive/Officer-in-Charge
Date _____

17th 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	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

	Date of last inoculation		Date of last inoculation
Smallpox	_____	Polio (Short or Oral)	_____
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: _____ 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)

	OK	Needed	Date Given
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 & Hiking Water Sports Competitive Sports

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

Signed: _____ Signed: _____
Examinee Physician and License No.

ROSTER OF PARTICIPANTS

17th NATIONAL SCOUT JAMBOREE

BOTOLAN, ZAMBALES • 01-07 DECEMBER 2019

THEME: "Commitment to Excellence"

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 _____

Council Scout Executive/Officer-in-Charge

Verified By _____

Posted/Recorded _____