



October 3, 2019

**DIVISION MEMORANDUM**  
No. 615 S. 2019

**12<sup>th</sup> CEBU COUNCIL JAMBORETTE**

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. 43, Series 2019 which entitled "**12<sup>TH</sup> CEBU COUNCIL JAMBORETTE**".

2. We are pleased to invite Boy Scouts, Senior Scouts and Adults to the **12<sup>th</sup> CEBU COUNCIL JAMBORETTE** on **November 11-15, 2019** and **KAB Scouts** to the **KAB PALARO** on **November 14, 2019** at **CAPITOL HILLS SCOUT CAMP, CEBU CITY** with the Theme: "**Unlock a New World**".

3. **Qualifications.** The following are the qualifications for the participating Scouts and Adult Leaders, viz:

2.1. 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 KAB, Boy or Senior
- Must be at least six (6) to nine (9) years old for KAB Scout, 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 (except for KAB Scouts)
- Must have camping experience

2.2. 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 have undergone Basic Training Course or Graduate of Advanced Training Course (ATC)

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

4.1. **Registration Fee.** A registration Fee of Seven Hundred Pesos Only (Php700.00) shall be charged from each Boy Scout, Senior Scout and Adult participants, and Three Hundred Fifty Pesos Only (Php350.00) shall be charged from each KAB Scout participants in order to defray administrative cost, program activities, souvenir items and other operating expenses.

4.2. Registration Fee for the Jamborette must be remitted directly to the host council via bank transfer on or before October 15, 2019, with the following details:

<b>Account Name</b>	:	<b>CEBU COUNCIL BOY SCOUTS OF THE PHILIPPINES</b>
<b>Account No.</b>	:	<b>0141-4821-14</b>
<b>Bank Name</b>	:	<b>LANDBANK OF THE PHILIPPINES</b>
<b>Branch</b>	:	<b>OSMEÑA BOULEVARD, CEBU CITY</b>

The Roster of Participants (please see attached), together with the photocopy or scanned copy of the bank deposit slip must be submitted to the host council on the same date via e-mail at [cebuCouncil@gmail.com](mailto:cebuCouncil@gmail.com).

**STRICTLY NO ON SITE REGISTRATION AS REGISTRATION WILL CLOSE ON OCTOBER 16, 2019, WEEK BEFORE THE JAMBORETTE. ONLY CEBU COUNCIL (HOST COUNCIL), BSP, IS AUTHORIZED TO COLLECT AND/OR RECEIVE THE JAMBORETTE REGISTRATION FEE.**

Regardless as to whether the total number of registered participants have been met or not during the actual conduct of the Jamborette, the registration fee is not refundable, but transferrable.

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 Jamborette Contingent.

6. **Food Provision.** The Jamborette Contingent of each Areas must provide for their own food and other basic requirements that will be sufficient throughout the entire duration of the Jamborette. Each contingent is responsible in managing their respective kitchens, mess and commissaries.

7. Participation to the 12<sup>th</sup> Cebu Council Jamborette is **PRE-REQUISITE** for participants who are interested to join the 17<sup>th</sup> National Scout Jamborette on December 1-7, 2019 at Camp Kainomayan, Botolan, Zambales.
8. In accordance with the provision of DepEd Order No. 19, s. 2011 and D.O No. 53, s. 2003, participants are entitled of service credits and for Non-teaching Compensatory Time Off (CTO) per CSC and DBM Circular No. 2, s. 2004, upon submission of the required supporting documents.
9. This Memorandum will serve as **Authority to Travel** to participants.
10. Travel and other incidental expenses shall be chargeable against SEF/BSP Fund subject to its availability and usual accounting and auditing rules and regulations.
11. For information, guidance, compliance and widest dissemination of all concerned.

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



Boy Scouts of the Philippines  
Eastern Visayas Region  
**CEBU COUNCIL**

September 30, 2019

**Council Memorandum**

No. **43** , Series of 2019

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

**SUBJECT :** **12<sup>TH</sup> CEBU COUNCIL JAMBORETTE**

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1. We are pleased to invite Boy Scouts, Senior Scouts and Adults to the **12<sup>TH</sup> CEBU COUNCIL JAMBORETTE** on **NOVEMBER 11-15, 2019** and KAB Scouts to the **KAB PALARO** on **NOVEMBER 14, 2019** at **CAPITOL HILLS SCOUT CAMP, CEBU CITY** with the theme: **"UNLOCK A NEW WORLD"**.
2. **Qualifications.** The following are the qualifications for the participating Scouts and Adult Leaders, viz:
  - 2.1. 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 KAB, Boy or Senior
    - Must be at least six (6) to nine (9) years old for KAB Scout, 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 (except for KAB Scouts)
    - Must have camping experience
  - 2.2. 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 have undergone Basic Training Course or graduate of Advanced Training Course (ATC)
3. **Registration Details.** Stated below are important information regarding the Jamborette Registration System and procedure, viz:
  - 4.1 **Registration Fee.** A Registration Fee of **SEVEN HUNDRED PESOS (Php 700.00)** shall be charged from each Boy Scout, Senior Scout and Adult participants, and **THREE HUNDRED FIFTY PESOS (Php 350.00)** shall be charged from each KAB Scout

participants in order to defray administrative cost, program materials, souvenir items and other operating expenses.

4.2 Registration Fee for the Jamborette must be remitted directly to the host council via bank transfer on or before October 15, 2019, with the following details:

Account Name : **CEBU COUNCIL BOY SCOUTS OF THE PHILIPPINES**  
Account No. : **0141-4821-14**  
Bank Name : **LAND BANK OF THE PHILIPPINES**  
Branch : **OSMEÑA BOULEVARD, CEBU CITY**

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 on the same date via e-mail at [cebuCouncil@gmail.com](mailto:cebuCouncil@gmail.com).

STRICTLY NO ON SITE REGISTRATION AS REGISTRATION WILL CLOSE ON OCTOBER 16, 2019, WEEK BEFORE THE JAMBORETTE. ONLY THE CEBU COUNCIL (HOST COUNCIL), BSP, IS AUTHORIZED TO COLLECT AND/OR RECEIVE THE JAMBORETTE REGISTRATION FEE.

Regardless as to whether the total numbers of registered participants have been met or not during the actual conduct of the Jamborette, the registration fee is not refundable, but is transferrable.

4. **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 Jamborette Contingent.
5. **Food Provision.** The Jamborette Contingent of each Areas must provide for their own food and other basic requirements that will be sufficient throughout the entire duration of the Jamborette. Each contingent is responsible in managing their respective kitchens, mess and commissaries.
6. Participation to the 12<sup>th</sup> Cebu Council Jamborette is **PRE-REQUISITE** for participants who are interested to join the 17<sup>th</sup> National Scout Jamboree on December 1-7, 2019 at Camp Kainomayan, Botolan, Zambales.
7. For information, guidance, compliance and widest dissemination of all concerned.

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

*Attached:*  
*Application Form*  
*Health and Medical Form*  
*Roster of Participants*

**APPLICATION FORM**  
**12<sup>TH</sup> BSP CEBU COUNCIL JAMBORETTE**  
 CAPITOL HILLS SCOUT CAMP, CEBU CITY • 11-15 NOVEMBER 2019  
 THEME: "UNLOCK A NEW WORLD"

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**

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

I hereby endorse the participation of Scout \_\_\_\_\_  
 to the 12<sup>TH</sup> BSP CEBU COUNCIL JAMBORETTE.

\_\_\_\_\_  
 Council Scout Executive/Officer-in-Charge  
 Date \_\_\_\_\_

## 12<sup>TH</sup> BSP 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"/> Headache	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Cough	<input type="checkbox"/> Easy Fatigue
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Others: _____		<input type="checkbox"/> Shortness of Breath

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)

Date Given

	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"/>	_____

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**  
**12<sup>TH</sup> BSP CEBU COUNCIL JAMBORETTE**  
 CAPITOL HILLS SCOUT CAMP, CEBU CITY • 11-15 NOVEMBER 2019  
 THEME: "UNLOCK A NEW WORLD"

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					
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					
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					
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					
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 \_\_\_\_\_



# 12th BSP CEBU COUNCIL JAMBORETTE

November 11-15, 2019

Capitol Hills Scout Camp, Cebu City

Theme: "Unlock a New World "

## GENERAL PROGRAM OF ACTIVITIES

TIME	DAY 1 11-Nov-19	DAY 2 12-Nov-19	DAY 3 13-Nov-19	DAY 4 14-Nov-19	DAY 5 15-Nov-19
0500H	MORNING REVEILLE				
0600H	WASH UP				
0700H	BREAKFAST				
0800H	FLAG CEREMONY				
0900H	CAMP DEVELOPMENT & REGISTRATION	MODULE ACTIVITY	MODULE ACTIVITY	STREET DANCING (Cebuano Festival of Dances)	YOUTH FORUM
1000H		MODULE ACTIVITY	MODULE ACTIVITY	KAB PALARO	CLOSING CEREMONY BREAK CAMP
1100H		MODULE ACTIVITY	MODULE ACTIVITY	SKILL "O" RAMA	YOUTH FORUM
1200H		FELLOWSHIP LUNCH			
1300H	PARADE OPENING CEREMONY FANCY DRILLS EXHIBITION	MODULE ACTIVITY	MODULE ACTIVITY	SKILL "O" RAMA	YOUTH FORUM
1400H		MODULE ACTIVITY	MODULE ACTIVITY	KAB PALARO	HOME
1500H		MODULE ACTIVITY	MODULE ACTIVITY	FLAG RETREAT	SWEET
1600H		BROTHERHOOD DINNER			
1700H	BROTHERHOOD DINNER				
1800H	BROTHERHOOD DINNER				
1900H	FILM SHOWING CULTURAL PRESENTATION	SUB-CAMP CAMPFIRE EAGLE SCOUTS CONCLAVE	SCOUTS GOT TALENT WOODBADGE REUNION	GRAND CAMPFIRE	
2000H		SCOUTMASTERS' POW WOW			
2100H	SCOUTMASTERS' POW WOW				
2200H	TAPS (LIGHTS OUT)				