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Registration Number:
QAC/R63/0216

UNNUMBERED MEMORANDUM

TO: Public Schools District Supervisors
Coordinating Principals
Elementary and Secondary School Heads, OICs/TIC
All Others Concerned

FROM:  **MERTHEL M. EVARDOME, CESO V**
Schools Division Superintendent

SUBJECT: 17th National Scout Jamboree


DATE : October 2, 2019

The **Boy Scouts of the Philippines Quezon Council** announces the conduct of **17th National Scout Jamboree** on *December 01- 07, 2019* at *Camp Kainomayan, Botolan, Zambales*.

For more information please see attached Council Memorandum.

sgoemd10/02/2019

DEPEDQUEZON-TM-SDS-04-010-001


DEPED - QUEZON ICT UNIT
UPLOADED
Date/Time: OCT 08 2019 1:20 AM
By: <u>Cristell</u>
Ref. no. <u>324</u>

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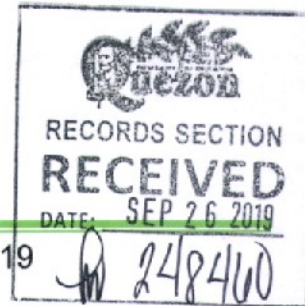
Boy Scouts of the Philippines

QUEZON COUNCIL

Perez Street, 4301 Lucena City

Telefax No. (042) 710 - 2488

Email Address: quezonbsp@yahoo.com



September 25, 2019

COUNCIL OFFICE MEMORANDUM

Number 45, s. 2019

TO : All MSC Chairmen, Institutional Heads, Institutional Scouting Coordinators and Outfit Advisors

SUBJECT : 17th NATIONAL SCOUT JAMBOREE

1. Attached are the National Office Memo RE: 17TH NATIONAL SCOUT JAMBOREE on 01 – 07 December 2019 at Camp Kainomayan, Botolan, Zambales, with the Theme: "Commitment to Excellence".
2. All districts/schools with potential participants to this activity shall closely coordinate with the council and strictly adhere to the deadlines.
3. For your widest information dissemination and guidance.


JOEL R. AVILLEJO, Ph.D.
Council Scout Executive

APPROVED:


MERVEL M. EVARDOME, Ed.D., CESO V
Schools Division Superintendent
& Council Scout Commissioner

Encl: As stated.



Boy Scouts of the Philippines

National Office

181 Natividad Almeda-Lopez St., Ermita, 1000 Manila

PO Box 1378, Manila CPO, Philippines

E-mail: bsp@scouts.org.ph

Website : www.scouts.org.ph

Tels. (632) 528 0555 * 527 8317 to 19 * Telefax: (632) 528 0577

12 September 2019

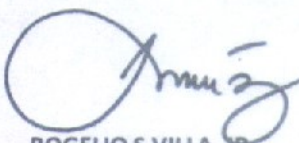
NATIONAL OFFICE MEMORANDUM

Number 60 s. 2019

TO : ALL REGIONAL SCOUT DIRECTORS / COUNCIL SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE

SUBJECT : EXTENSION OF THE DEADLINE FOR THE 17th NATIONAL SCOUT JAMBOREE REGISTRATION

1. In line with the conduct of the 17th National Scout Jamboree on 01-07 December 2019 at Camp Kainomayan, Botolan, Zambales, please be advised that the deadline for the Pre-Registration is extended up to **15 October 2019, Tuesday**. A non-refundable but transferrable Reservation Deposit of **Three Hundred Pesos (Php 300.00)** must be paid to the host council on or before the said date. The remaining balance must be settled not later than **31 October 2019**.
2. 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.
3. The Roster of Participants, 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. **THE ROSTER OF PARTICIPANTS MUST INDICATE THE SCOUTING SECTION (Boy/Senior) OF THE PARTICIPANTS.**
4. 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.
5. Regardless as to whether the total numbers of pre-registered participants have been met or not during the actual conduct of the Jamboree, the Local Council will be required to pay for the remaining balance of the total number of pre-registered participants.
6. For information, guidance and immediate dissemination.


ROGELIO S. VILLA, JR.
Secretary General

RSV/SDH/MGI/wcm





Boy Scouts of the Philippines

National Office

181 Natvidad Almeda-Lopez St. Ermita, 1000 Manila
PO Box 1376 Manila CPO Philippines
E-mail: bsp@scouts.org.ph
Website: www.scouts.org.ph
Tels. (632) 528 0555 • 527 8317 to 19 • Telefax: (632) 528 0677

15 July 2019

NATIONAL OFFICE MEMORANDUM

No. 45

Series of 2019



TO : REGIONAL SCOUT DIRECTORS, COUNCIL SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE

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 Messengers of the 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 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, viz:
 - 3.1. A Scout is expected to have leadership potentials, sufficient camping experience, and 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)

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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 costs, 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.

- 4.2. **Pre-Registration and Deadlines.** A non-refundable but transferrable Reservation Deposit of Three Hundred Pesos (PhP 300.00) must be paid to the host council on or before 27 September 2019, Friday. 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 Local Council will be required to pay for the remaining balance of the total number of pre-registered participants.

5. **Participant 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. **Participation Quota.** The participation to the Jamboree will come from the one hundred twenty (120) Local Councils and ten (10) Scouting Regions of the BSP and is pro-rated as follows:

REGION	SCOUTS/UNIT LEADERS	NATIONAL SERVICE TEAM	TOTAL
Ilocos Region	500	20	530
Northeastern Luzon Region	500	20	530
Central Luzon Region	3,000	60	2,775
National Capital Region	900	20	860
Southern Tagalog Region	1000	20	1,060
Bicol Region	300	10	325
Western Visayas Region	400	15	430
Eastern Visayas Region	500	15	530
Western Mindanao Region	400	10	430
Eastern Mindanao Region	500	10	530
TOTAL	8,000	200	8,200

7. **Food Provision.** The Jamboree Contingent of each Local Council 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.

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8. **Travel Itinerary.** All Jamboree Contingents are advised to submit their Jamboree Itinerary to their respective Regional Scout Directors for record and reference purposes. Furthermore, all participants are advised to report at the Jamboree Site not later than **0900H of 01 December 2019, Sunday** and will only be cleared to leave the camp after the Grand Closing Ceremony.
9. **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.
10. The Regional Scout Directors and Council Scout Executives/Officers-in-Charge are hereby directed to ensure the maximum participation of the Scouts and the Adult Leaders within your respective regions and Local Councils. You are further advised to organize working committees in order to support your respective Contingent Management Teams (CMTs) to ensure the efficient preparation for the events and the smooth relay of information and other details.

Should you have any question/s and/or query/ies, you may refer them to the Office of the Secretary General or the Field Operations Division thru the any of following persons:

WINDSOR C. MORALES

Project Coordinator, 17th NSJ
rosdniwselarom@gmail.com
(+63)9326091538

MANUEL G. ISIDORO III

Project Officer, 17th NSJ
butch.isidoro@scouts.org.ph
(02)527-8319

SOFRONIO D. HONTANOSAS

Acting Director, FOD
ron.hontanosas@gmail.com
(02)527-5112

11. For information, guidance, compliance and widest dissemination of all concerned.



ROGELIO S. VILLA, JR.
Secretary General

RSV/SDH/MGI/wcm

Encl.
Participant's Application Form
Troop/Outfit Roster of Participation

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.

Parent/Guardian Signature over Printed Name of
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 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	<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"/> 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

Smallpox
Diphtheria
Tetanus Toxoid

Polio (Short or Oral)
Others

Date of last inoculation

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)

Needed

Date Given

Smallpox
Diphtheria
Tetanus Toxoid
Polio
Cholera / Dysentery / Typhoid

<input type="checkbox"/> OK
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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					

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					

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					

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					

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 _____