



MB

Republic of the Philippines
Department of Education
Region III

SCHOOLS DIVISION OF BULACAN

Provincial Capitol Compound, Brgy. Guinhawa, City of Malolos, Bulacan
website: <https://bulacandeped.com> email: bulacan@deped.gov.ph



October 10, 2019

To: Public Elementary and Secondary School Heads
All Others Concerned

Please be informed that the Boy Scouts of the Philippines will conduct the **17th National Scout Jamboree** on December 1-7, 2019 at Camp Kainomayan, Botolan, Zambales.

Attached herewith is Reproduction No. 02, s. 2019 dated September 24, 2019 from the Boy Scouts of the Philippines Bulacan Council indicating the complete details regarding the conduct of the said activity.

The concerned school heads are hereby reminded of the following:

1. adjustments in schedules of classes that may be affected shall be made to insure compliance with DepEd Order No. 9, s. 2005 on Instituting Measures to Increase Engaged Time-On-Task and Ensuring Compliance Therewith;
2. parents' permits shall be made a requirement for each student participating in the activity;
3. no collection policy shall be enforced at all times;
4. participation in the activity shall give consideration to DepEd Order No. 66, s. 2017 entitled "Implementing Guidelines on the Conduct of Off-Campus Activities"; and
5. preemptive interventions shall be put in place to insure the safety of all participants all throughout the travels.

Very truly yours,

ZENIA G. MOSTOLES, Ed.D., CESO V
Schools Division Superintendent

DIVISION LETTER
No. *203*, s. 2019



ISO 9001:2015 CERTIFIED
Registration Number: DE-50500546 QM15





BOY SCOUTS OF THE PHILIPPINES BULACAN COUNCIL

City of Malolos 3000
Telefax (044) 796-1149
Email: bulacan.bsp@scouts.org.ph

24 September 2019

REPRODUCTION NO. 02

Series 2019

TO : All Division Boy Scouting EPS In-charge, District Scout Commissioners (PSDS), Institutional Heads of Public and Private Elementary Schools, Institutional Heads of Public and Private Secondary Schools, Field Scout Commissioners (District BSP Coordinators), Institutional Scouting Coordinators (Private Elementary Schools), Outfit Advisors (Institutional Scouting Coordinators Secondary Schools) and Municipal Field Scout Commissioners.

SUBJECT : 17th NATIONAL SCOUT JAMBOREE

1. Reproduce herewith is National Memorandum No. 45, s. 2019 dated 15 July 2019 for the information and guidance of all concerned.
2. Basic announcement is hereby made that the National Headquarters, Boy Scouts of the Philippines will conduct the:

- 17th NATIONAL SCOUT JAMBOREE
- On December 1-7, 2019
- Camp Kainomayan, Botolan, Zambales
- Theme: "Commitment to Excellence"

3. QUALIFICATION AND PARTICIPATION:

A. Scouts:

- *Must be currently registered Boy/Senior Scouts.*
- *Must not be under 10 or over 17 ½ years of age before the start of the Jamboree.*
- *Must be a holder of at least the 2nd Class Scout Badge or its equivalent.*
- *Must be physically fit as certified by a physician.*
- *Must have at least one (1) year camping experience and sufficient Scouting knowledge.*
- *Must have attended a Pre-Jamboree training conducted by the Local Council.*

B. Adult Leader:

- *Must be duly registered with the Boy Scouts of the Philippines.*
- *Must have served as Unit Leader or Assistant Unit Leader for at least two years.*
- *Must be a good moral character.*
- *Must be physically fit as certified by a physician.*
- *Must have at least two (2) years camping experience and sufficient Scouting knowledge.*
- *Must have attended a Pre-Jamboree training conducted by the Local Council.*

Support Scouting... Join Scouting... BE A SCOUT...

4. A non-refundable but transferable **REGISTRATION FEE** of Five Hundred Pesos (Php500.00) per participant (**Scouts and Adult Leader**) that will cover cost of program and activity materials, souvenir items and administrative cost. Deadline of registration in the Council Level will be on or before **OCTOBER 15, 2019 ONLY** to have enough time to secure travel authority and other documents needed.

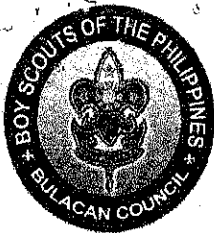
Expenses that may incurred in connection with this 17th NSJ shall be collected chargeable to the any Local Funds (if available) subject to the usual accounting and auditing rules and regulations to defray the cost of meals, accommodation/camp fee, transportation, training equipment's/souvenirs/materials/supplies and other administrative expenses.

5. All contingent/participants should bring their own tents, camping gears and food provision up to the end of the Jamboree. Transportation in going to and from the campsite shall be the responsibility of the participating delegation.
6. This memorandum will serves as travel authority of all participants.
7. For information, guidance and whole dissemination.

MICHAEL X. INDOMA
Council Scout Executive

APPROVED:

DR. ZENIA G. MOSTOLES, CESO V
Schools Division Superintendent and
Council Scout Commissioner, Bulacan Council-BSP



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- *Must be physically fit as certified by a physician.*
- *Must have at least one (1) year camping experience and sufficient Scouting knowledge.*
- *Must have attended a Pre-Jamboree training conducted by the Local Council.*

B. Adult Leader:

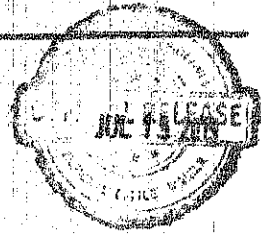
- *Must be duly registered with the Boy Scouts of the Philippines.*
- *Must have served as Unit Leader or Assistant Unit Leader for at least two years.*
- *Must be a good moral character.*
- *Must be physically fit as certified by a physician.*
- *Must have at least two (2) years camping experience and sufficient Scouting knowledge.*
- *Must have attended a Pre-Jamboree training conducted by the Local Council.*

Support Scouting... Join Scouting... BE A SCOUT...



Boy Scouts of the Philippines

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 181 Natwidad Amada-Lopez St. Ermita, 1600 Manila
 PO Box 1378 Manila CPO Philippines
 E-mail: bsp@scouts.org.ph
 Website: www.scouts.org.ph
 Tels. (632) 628 0536 * 527 8317 to 15 * Telefax: (632) 628 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 JAMBORÉE

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 Kainomayun, 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 hrmambales1947@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	500	20	860
Southern Tagalog Region	1,000	20	1,060
Ical 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	8,200	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
 rosdlwielarom@gmail.com
 (+63)93326091538

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

SOPRONIO 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

RSJ/SDN/MGU/wcm

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

APPLICATION FORM

17th NATIONAL SCOUT JAMBORÉE

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
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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

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					
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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 _____

Council Scout Executive/Officer-in-Charge _____

Verified By _____

Posted/Recorded _____

**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 re-certification 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"/> Heart	<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			

Any condition now requiring regular medication? _____
 Any restriction of activity for medical reasons? _____
 Explain _____

IMMUNIZATION

Smallpox	Date of last inoculation	Polio (Spart 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: _____ 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"/>	Genitals	<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

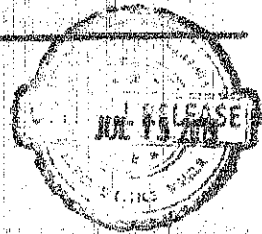
Recommendations and/or restrictions (if none, so state): _____

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



Boy Scouts of the Philippines

National Office
 181 Natividad Armeda-Lopez St. Ermita, 1000 Manila
 PO Box 1378, Manila CPO Philippines
 E-mail: bspp@scouts.org.ph
 Website: www.scouts.org.ph
 Tels: (632) 528 0535 * 527 8317 to 19 * Telex: (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 (BSPP) 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;
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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.
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 - 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 bsrambales1947@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	520
Northeastern Luzon Region	500	20	520
Central Luzon Region	3,000	60	2,775
National Capital Region	900	20	860
Southern Tagalog Region	1,000	20	1,060
Sicad 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	6,900	200	6,200

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.

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
rosdnwslarom@gmail.com
(+63)9326091538

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

SOPRONIO 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/MGL/wcm

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

APPLICATION FORM

17th NATIONAL SCOUT JAMBORÉE

BOTOLAN, ZAMBALES • 01-07 DECEMBER 2018
THEME: "Commitment to Excellence"

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/Unit		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
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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 Jamborée.

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"/> Hemis	<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			

Any condition now requiring regular medication? _____
Any restriction of activity for medical reasons? _____
Explain: _____

IMMUNIZATION

Smallpox	Date of last inoculation	Polio (Shot 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: _____ 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 FITNESS

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"/> OK <input type="checkbox"/> Needed		_____
Tetanus Toxoid	<input type="checkbox"/> OK <input type="checkbox"/> Needed		_____
Polio	<input type="checkbox"/> OK <input type="checkbox"/> Needed		_____
Cholera / Dysentery / Typhoid	<input type="checkbox"/> OK <input type="checkbox"/> Needed		_____

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: _____
Examined Physician and License No.

ROSTER OF PARTICIPANTS 17th NATIONAL SCOUT JAMBOREE

BUTUAN, ZAMBALES • 01-07 DECEMBER 2018
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: _____
 Unit Leader's Signature Over Printed Name

Noted By: _____
 Institutional Head/Representative

Approved By: _____
 Council Scout Executive/Officer-in-Charge

Sub-Camp Assignment _____
 Status of Payment _____
 Verified By _____
 Posted/Recorded _____