

Republic of the Philippines  
**BOY SCOUTS OF THE PHILIPPINES**  
National Office  
Manila

14 July 2015

**NATIONAL OFFICE MEMORANDUM**

**No. 42 , Series of 2015**

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

**SUBJECT : 16<sup>TH</sup> NATIONAL SCOUT JAMBOREE (16<sup>TH</sup> NSJ) AND CALL FOR APPLICATIONS TO THE NATIONAL SERVICE TEAM (NST)**

1. The Boy Scouts of the Philippines (BSP) is pleased to announce the holding of the **16<sup>th</sup> National Scout Jamboree** on **24-30 October 2015** at the **Energy Park, Apokon, Tagum City, Davao del Norte** with the theme, **“Peace and Development Through Scouting.”**
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 21<sup>st</sup> 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 nine (9) 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
  - 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 graduates 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 costs, program materials, souvenir items and other operating expenses.

Registration Fees for the Jamboree must be paid directly to the host council [Tagum City Council] via bank transfer to their bank account, the details of which will be emailed to all concerned in due time.

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 [tagumcity.bsp@gmail.com](mailto:tagumcity.bsp@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 **25 September 2015, Friday**. The remaining balance must be settled not later than **9 October 2015, Friday**.

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 TAGUM CITY 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	250	20	270
Northeastern Luzon Region	300	20	320
Central Luzon Region	400	25	425
National Capital Region	350	20	370
Southern Tagalog Region	450	25	475
Bicol Region	250	20	270
Western Visayas Region	600	30	630
Eastern Visayas Region	700	40	740
Western Mindanao Region	2,000	100	2,100
Eastern Mindanao Region	4,000	400	4,400
<b>TOTAL</b>	<b>9,300</b>	<b>700</b>	<b>10,000</b>

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 24 October 2015, Friday** and will only be cleared to leave the camp after the Grand Closing Ceremony.
9. **National Service Team (NST).** Supporting the implementation of the different activities, modules and special activities throughout the duration of the Jamboree is the NST. It is composed of highly trained, motivated and committed volunteer Rovers and Adult Leaders assigned to the different Jamboree Services, catering to both the program needs and administration requirements.

9.1. **Qualifications.** Applicants for the National Service Team must meet the following qualifications:

- Must be currently registered as a Rover Scout or as an Adult Leader aged between eighteen (18) to forty five (45) years old
- Must be physically fit as certified by a physician
- Must be of good moral character
- Must be at least a Wood Badge Holder with at least one (1) year of experience and service
- Must be duly recommended by the Council Scout Executive/Officer-in-Charge and the Regional Scout Director

9.2. The applicant must fill-out the necessary NST Application Form (see attached), duly endorsed by the Local Council and Regional Office and pay the corresponding registration fee.

If the application has been approved by the National Office, a letter of acceptance and corresponding appointments will be issued. Once approved, NSTs are advised to report at the Jamboree Site not later than **1000H of 23 October 2015, Thursday** for orientation on their respective jobs and preparatory activities. All NSTs are to leave the camp not later than **1300H of 30 October 2015. Thursday.**

10. **Jamboree Bulletins.** The National and Local Jamboree Organizing Committees, thru the National Project Management Team of the 16<sup>th</sup> 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.

Jamboree Bulletins will be sent and posted thru various online and social media platforms being handled by the National Office, viz:

<i>Official Website</i>	<a href="http://www.scouts.org.ph">www.scouts.org.ph</a>
<i>Official Email</i>	<a href="mailto:bsp@scouts.org.ph">bsp@scouts.org.ph</a>
<i>Official Facebook Fan Page</i>	<a href="https://www.facebook.com/scoutspilippines">Scouts Philippines (facebook.com/scoutspilippines)</a>
<i>Official Twitter Account</i>	<a href="https://twitter.com/ScoutsPH">@ScoutsPH (twitter.com/ScoutsPH)</a>

11. 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.

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

**ADSG ROGELIO S. VILLA, JR.**

Project Officer, 16<sup>th</sup> NSJ  
[roger.villa@scouts.org.ph](mailto:roger.villa@scouts.org.ph)  
(02) 527 5112 local 512

**APO KENNY RALPH S. FERNANDO**

Assistant Project Officer for Administration/Logistics  
[kenny.fernando@scouts.org.ph](mailto:kenny.fernando@scouts.org.ph)  
(02) 527 5112 local 516

**PARDE YASSER F. SARONA**

Assistant Project Officer for Program  
[yaz.sarona@scouts.org.ph](mailto:yaz.sarona@scouts.org.ph)  
(02) 527 5112 local 524

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



**WENDEL E. AVISADO**  
Acting Secretary General

RSV/krsf

Encl.    General Program of Activities  
          Participant's Application Form  
          NST Application Form  
          Troop/Outfit Roster of Participants

Boy Scouts of the Philippines  
**16<sup>TH</sup> NATIONAL SCOUT JAMBOREE**  
 Energy Park, Apokon, Tagum City, Davao Del Norte  
*Theme: "Peace and Development through Scouting"*  
 24 – 30 October 2015

**GENERAL PROGRAMME OF ACTIVITIES**

TIME/DAY	Day 1: Friday 24 October	Day 2: Saturday 25 October	Day 3: Sunday 26 October	Day 4: Monday 27 October	Day 5: Tuesday 28 October	Day 6: Wednesday 29 October	Day 7: Thursday 30 October			
0500-0600 H	PARTICIPANTS' ARRIVAL AND REGISTRATION  SETTLE-IN	JAMBOREE FUN-RUN FOR PEACE	SCOUTS' OWN INTER-FAITH AND RELIGIOUS SERVICES	<b>PHYSICAL FITNESS (Tai Chi/Aerobics/Zumba/Arnis/Martial Arts)</b> <i>Reveille • Morning Routine • Religious Services • Camp Clean-Up • Roll Call &amp; Inspection</i> <b>BREAKFAST IN CAMP</b>						
0600-0700 H										
0700-0800 H										
0800-0900 H										
0900-1000 H	National Service Team JAMBOREE STAFF / PROGRAM OFFICERS AND CONTINGENT HEADS MEETING	<b>MAIN MODULES</b> Global Development Village • Challenge Valley • Adventure Trails City of Science • Community Service Projects • Emergency Preparedness Aquatics & Water Fun • Mountaineering • Cross Roads of Cultures Tagum Energy Park Expedition • Prayer Hill • Go Green <b>SPECIAL MODULES</b> Messengers of Peace • Scouts of the World Award • World Scout Environment Badge • Scouts Go Solar • YUNGA • Darts • Chess Badminton • Kite Flying • HAM Radio • Martial Arts • ReCycling <u>Marksmanship • Archery • City Tours</u> <b>SPECIAL 16<sup>TH</sup> NSJ SCOUT YOUTH FORUM</b>					<b>JAMBOREE FIESTA</b>	<b>BREAK CAMP</b>		
1000-1100 H							<b>PALARONG PINOY</b>			
							<b>STREET DANCE COMPETITION</b>	<b>CAMP CLEARANCES</b>		
							<b>ARENA SHOWS</b>			
		<b>FRIENDSHIP AND CAMARADERIE LUNCH AND CULTURAL EXCHANGE</b>								
1100-1200 H										
1200-1300 H	CAMP DEVELOPMENT	<b>MAIN MODULES</b> Global Development Village • Challenge Valley • Adventure Trails City of Science • Community Service Projects • Emergency Preparedness Aquatics & Water Fun • Mountaineering • Cross Roads of Cultures Tagum Energy Park Expedition • Prayer Hill • Go Green <b>SPECIAL MODULES</b> Messengers of Peace • Scouts of the World Award • World Scout Environment Badge • Scouts Go Solar • YUNGA • Darts • Chess Badminton • Kite Flying • HAM Radio • Martial Arts • ReCycling Marksmanship • Archery • City Tours <b>SPECIAL 16<sup>TH</sup> NSJ SCOUT YOUTH FORUM</b> <u>JAMBOREE MODULE HEAD / PROGRAM STAFF AND NST MEETING</u>					<b>SCOUTS' RALLY</b>	<b>HOME SWEET HOME</b>		
1300-1400 H									<b>SHOWANDO</b>	
1400-1500 H										<b>SKILL-O-RAMA</b>
1500-1600 H										
1600-1700 H	<b>GRAND OPENING CEREMONIES</b>									
1700-1800 H										
1800-1900 H	<i>The Camp Chief's Welcome Reception</i>	<b>FELLOWSHIP DINNER AND SUB-CAMP LIFE</b>					<b>HOMEWARD BOUND</b>			
1900-2000 H		<i>National Court of Honor &amp; ATAS/Eagle Scout Conclave</i>	<b>WOOD BADGE REUNION</b>	<b>ROVER SCOUTS GET TOGETHER</b>	<b>16<sup>TH</sup> SCOUTS' YOUTH JAMB CONCERT AND TALENTS' UNLIMITED</b>	<b>GRAND CAMPFIRE AND CLOSING CEREMONIES</b>				
2000-2100 H	<b>SUB-CAMP CAMPFIRE PROGRAM</b>	<b>LUZON CULTURAL NIGHT</b>	<b>VISAYAS CULTURAL NIGHT</b>	<b>MINDANAO CULTURAL NIGHT</b>						
2100-2200 H										
2200 H	<b>END OF DAY PRAYERS / TAPS / LIGHTS OUT</b>									

**APPLICATION FORM**  
**16<sup>TH</sup> NATIONAL SCOUT JAMBOREE**

ENERGY PARK, APOKON, TAGUM CITY, DAVAO DEL NORTE • 24-30 OCTOBER 2015  
THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

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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/Outfit _____		Current Rank _____

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**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 \_\_\_\_\_

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**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**

<b>Registration Status</b>
Reservation Fee: _____
Balance: _____
Full Payment: _____
Date: _____
OR No. _____

I hereby endorse the participation of Scout \_\_\_\_\_  
to the **16<sup>th</sup> National Scout Jamboree**.

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



16<sup>TH</sup> 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"/>	Measles
<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Chicken Pox

YEAR

_____
_____
_____
_____

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

IMMUNIZATION

Smallpox  
Diphtheria  
Tetanus Toxoid

Date of last inoculation

_____
_____
_____

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)

Smallpox  
Diphtheria  
Tetanus Toxoid  
Polio  
Cholera / Dysentery / Typhoid

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

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

Date Given

_____
_____
_____
_____
_____

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.

APPLICATION FOR THE NATIONAL SERVICE TEAM

16<sup>TH</sup> NATIONAL SCOUT JAMBOREE

ENERGY PARK, APOKON, TAGUM CITY, DAVAO DEL NORTE • 24-30 OCTOBER 2015

THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

Name

Family Name

Given Name

Middle Name

Present Address

Email Address

Contact #

Date of Birth

Place of Birth

Age

Religion

Civil Status

Gender

Educational Attainment

Occupation

Council

Region

Sponsoring Institution

Unit #

Membership Card #

Date of Registration

Present Scouting Position

Honorable Charge/Appointment

BTC No.

ATC No.

CML No.

CMT No.

Section (please put a √)

☐ Kawan

☐ Troop

☐ Outfit

☐ Circle

☐ LOA

Council/Regional/National/International Training and Seminars Attended (Title, Date, Venue)

Please give us more information about your knowledge and experiences:

☐ Peace Education

☐ Hiking

☐ Administration

☐ Nature Study

☐ Orienteering

☐ Robotics

☐ Public Relations

☐ Computer and ICT

☐ Performing Arts

☐ Human Rights

☐ First Aid

☐ Basic Life Support

☐ Messenger of Peace

☐ Rock Climbing

☐ Run Group Activities

☐ Handicrafts

☐ Outdoor Acitivites

☐ Photography

☐ Music (play instrument)

☐ Snorkelling

☐ Exhibition Operating

☐ Journalism

☐ Traffic and Security

☐ Radio Operator

☐ Safety and Risks

☐ SWA

☐ Environment Education

☐ Canoeing/Rowing

☐ Swimming

☐ Relligious Activities

☐ Pioneering

☐ Crowd Management

☐ Lifeguard

☐ Biking

☐ Rappelling

☐ Health Education

☐ Warehouse/Stockroom

☐ Logistics

☐ WSEP/Scouts Go Solar

Other Skills

<div>CERTIFICATION</div> <div>I hereby certify to the correctness and truthfulness of the information stated above.</div> <div>Applicant's Signature Over Printed Name</div>	<div>ENDORSEMENT OF THE LOCAL COUNCIL</div> <div>Date</div> <div>Remarks</div> <div>Council Scout Executive/Officer-in-Charge</div>
<div>ENDORSEMENT OF THE REGIONAL OFFICE</div> <div>Date</div> <div>Remarks</div> <div>Regional Scout Director</div>	<div>ACTION OF THE NATIONAL OFFICE</div> <div>Date</div> <div>Received</div> <div>Verified:</div> <div>Recorded:</div> <div><div><input type="checkbox"/> Approved</div><div><input type="checkbox"/> Disapproved</div><div><input type="checkbox"/> Others</div></div> <div>Project Officer/Assistant Project Officer</div>



16<sup>TH</sup> 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"/>	Measles
<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Chicken Pox

YEAR

_____
_____
_____
_____

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

IMMUNIZATION

Smallpox  
Diphtheria  
Tetanus Toxoid

Date of last inoculation

_____
_____
_____

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)

Smallpox  
Diphtheria  
Tetanus Toxoid  
Polio  
Cholera / Dysentery / Typhoid

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

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

Date Given

_____
_____
_____
_____
_____

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

16<sup>TH</sup> NATIONAL SCOUT JAMBOREE

ENERGY PARK, APOKON, TAGUM CITY, DAVAO DEL NORTE • 24-30 OCTOBER 2015

THEME: “PEACE AND DEVELOPMENT THROUGH SCOUTING”

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					
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Boy/Sr.Scout					
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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

Council Scout Executive/Officer-in-Charge

Status of Payment

Verified By

Posted/Recorded

APPLICATION FOR THE NATIONAL SERVICE TEAM

16<sup>TH</sup> NATIONAL SCOUT JAMBOREE

ENERGY PARK, APOKON, TAGUM CITY, DAVAO DEL NORTE • 24-30 OCTOBER 2015

THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

Name

Family Name

Given Name

Middle Name

Present Address

Email Address

Contact #

Date of Birth

Place of Birth

Age

Religion

Civil Status

Gender

Educational Attainment

Occupation

Council

Region

Sponsoring Institution

Unit #

Membership Card #

Date of Registration

Present Scouting Position

Honorable Charge/Appointment

BTC No.

ATC No.

CML No.

CMT No.

Section (please put a √)

☐ Kawan

☐ Troop

☐ Outfit

☐ Circle

☐ LOA

Council/Regional/National/International Training and Seminars Attended (Title, Date, Venue)

Please give us more information about your knowledge and experiences:

☐ Peace Education

☐ Hiking

☐ Administration

☐ Nature Study

☐ Orienteering

☐ Robotics

☐ Public Relations

☐ Computer and ICT

☐ Performing Arts

☐ Human Rights

☐ First Aid

☐ Basic Life Support

☐ Messenger of Peace

☐ Rock Climbing

☐ Run Group Activities

☐ Handicrafts

☐ Outdoor Acitivites

☐ Photography

☐ Music (play instrument)

☐ Snorkelling

☐ Exhibition Operating

☐ Journalism

☐ Traffic and Security

☐ Radio Operator

☐ Safety and Risks

☐ SWA

☐ Environment Education

☐ Canoeing/Rowing

☐ Swimming

☐ Relligious Activities

☐ Pioneering

☐ Crowd Management

☐ Lifeguard

☐ Biking

☐ Rappelling

☐ Health Education

☐ Warehouse/Stockroom

☐ Logistics

☐ WSEP/Scouts Go Solar

Other Skills

<div>CERTIFICATION</div> <div>I hereby certify to the correctness and truthfulness of the information stated above.</div> <div>Applicant's Signature Over Printed Name</div>	<div>ENDORSEMENT OF THE LOCAL COUNCIL</div> <div>Date</div> <div>Remarks</div> <div>Council Scout Executive/Officer-in-Charge</div>
<div>ENDORSEMENT OF THE REGIONAL OFFICE</div> <div>Date</div> <div>Remarks</div> <div>Regional Scout Director</div>	<div>ACTION OF THE NATIONAL OFFICE</div> <div>Date</div> <div>Received</div> <div>Verified:</div> <div>Recorded:</div> <div><div><input type="checkbox"/> Approved</div><div><input type="checkbox"/> Disapproved</div><div><input type="checkbox"/> Others</div></div> <div>Project Officer/Assistant Project Officer</div>

APPLICATION FORM  
16<sup>TH</sup> NATIONAL SCOUT JAMBOREE

ENERGY PARK, APOKON, TAGUM CITY, DAVAO DEL NORTE • 24-30 OCTOBER 2015  
THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

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 16<sup>th</sup> National Scout Jamboree.

Council Scout Executive/Officer-in-Charge

Date

16<sup>TH</sup> 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

Smallpox  
Diphtheria  
Tetanus Toxoid

Date of last inoculation

_____
_____
_____

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)

Smallpox  
Diphtheria  
Tetanus Toxoid  
Polio  
Cholera / Dysentery / Typhoid

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

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

Date Given

_____
_____
_____
_____
_____

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

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