

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

12 August 2015

NATIONAL OFFICE MEMORANDUM

No. 50 , Series of 2015

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

SUBJECT : ADDITIONAL INFORMATION FOR THE 16TH NATIONAL SCOUT JAMBOREE
RE: CONTINGENT MANAGEMENT TEAM AND ACCOMPANYING ADULTS

1. In order to address important matters relative to the conduct of the 16th National Scout Jamboree, most especially the registration of participating Scouts and Adult Leaders, please be guided with the following details:

- 1.1. **Contingent Management Team (CMT).** To exercise the effective and efficient contingent and unit organization management, each Local Council is **REQUIRED** to have its own **Contingent Management Team (CMT)**. The CMT shall be constituted by leaders who will be providing support to the management and operations of the troop/outfit and the patrol/crew throughout the duration of the Jamboree. It shall serve as a link between the Sub-Camp Management Team and the contingent and is responsible for providing information and coordination between the participants and the daily schedule of activities.

It shall be composed of the following: [a] Contingent Head, [b] Deputy Contingent Head, [c] Administrative Officer, [d] Registration and Souvenir, [e] Logistics and Supply, [f] Program Officer (PO), [g] PO for Main Module, [h] PO for Special Module, [i] Operations Officer, [j] Health and Safety and [k] Physical Arrangement.

The Jamboree Form for the Contingent Management Team hereto attached for reference and compliance.

- 1.2. **Accompanying Adults (AA).** Registration of Adult Leaders in excess of the required participant ratio of 1:8 will still be accepted but will be classified as Accompanying Adults, the identification cards of which shall be coded.

Together with this Memorandum is the Roster of Accompanying Adults which must be submitted upon pre-registration [upon submission of deposit slips and Roster of Participants].

2. **Participant Ratio.** The ratio of one (1) Adult Leader per eight (8) Scouts (1:8) will strictly be implemented throughout the duration of the Jamboree. The submission of the Roster of Participants, as required under Item 4.1 of National Office Memorandum No. 42, Series of 2015 must strictly be observed.
3. **Scout Camps.** In order to maximize the Jamboree experience, **ONLY THE SCOUTS AND THEIR DESIGNATED ADULT LEADER WILL BE ALLOWED TO STAY AT THE SCOUT CAMPS**, following the participant ratio of 1:8.

This will provide a rich learning environment for the Scouts as a form of training for leadership development, character building and responsibility. This is reflective of the Scout Method as a system of progressive non-formal self-education and mirrors the way where one gains knowledge, skills and attitudes and illustrates Scouting's practical approach to education.

4. **Adult Hub.** The members of the **Contingent Management Team** and the **ALL Accompanying Adults** in excess of the required participant ratio **SHALL CAMP AND SLEEP AT THE ADULT HUB** located within the vicinity of the Jamboree Site. The CMTs and the AAs can only stay at the Scout Camp during daytime and before the TAPS to provide support and guidance whenever necessary. Only the designated Adult Leader shall be allowed to stay at the Scout Camps in full time with the Scouts.

Hence, contingents are advised to carefully select their respective Adult Leaders that will be assigned per patrol/crew.

5. **Reminder of the Deadlines.** The National Project Management Team reiterates the deadlines and the corresponding documents to be submitted, viz:

DATE DUE	DESCRIPTION	REQUIRED DOCUMENTS TO BE SUBMITTED
25 September 2015 Friday	<ul style="list-style-type: none">• Payment of Pre-Registration Fee and Reservation Deposit of three hundred pesos (PhP 300.00) per participant via BANK DEPOSIT (Note: Participants may opt to pay in full)• Deadline of Confirmation of Attendance and/or Participation, including applicants for the National Service Team	<ul style="list-style-type: none">• Roster of Participants• Roster of Accompanying Adults• Roster of CMTs• Application for NSTs• Photocopy, Duplicate or Scanned Copy of the Deposit Slip
9 October 2015 Friday	<ul style="list-style-type: none">• Payment of the remaining balance of the Jamboree Registration Fees amounting to two hundred pesos (PhP 200.00) per participant	<ul style="list-style-type: none">• Photocopy, Duplicate or Scanned Copy of the Deposit Slip

The details of the 16th NSJ Jamboree Registration account are as follows:

<i>Account Name</i>	BSP Tagum City Council
<i>Current Account Number</i>	00-0-50044-916-0
<i>Bank Name</i>	Development Bank of the Philippines
<i>Branch</i>	DBP Tagum
<i>Swift Code</i>	DBPHPHMM

All Regional Scout Directors, Council Scout Executives and Officers-in-Charge are hereby directed to remit the Jamboree Registration Fees of their respective contingents to the above-stated account. The required documents to be submitted must be transmitted to the host council on the same date thru fax at **(02) 527 51 12** or via e-mail at **tagumcity.bsp@gmail.com** with a copy furnished to the BSP National Office at **bsp@scouts.org.ph**.

6. **No On-Site Registration.** 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.”

7. 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, 16th NSJ

roger.villa@scouts.org.ph

(02) 527 51 12 local 512

APO KENNY RALPH S. FERNANDO

Assistant Project Officer for Administration

kenny.fernando@scouts.org.ph

(02) 527 51 12 local 516

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



ROGELIO S. VILLA, JR.

Officer-in-Charge

Office of the Acting Secretary General

/krsf

Encl. As stated

ROSTER OF THE CONTINGENT MANAGEMENT TEAM

16TH NATIONAL SCOUT JAMBOREE

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

THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

Council	<input type="text"/>
Region	<input type="text"/>

DESIGNATION	COMPLETE NAME	SCOUTING POSITION
Contingent Head	<input type="text"/>	<input type="text"/>
Deputy Contingent Head	<input type="text"/>	<input type="text"/>
Administrative Officer	<input type="text"/>	<input type="text"/>
Registration and Souvenir	<input type="text"/>	<input type="text"/>
Logistics and Supply	<input type="text"/>	<input type="text"/>
Program Officer	<input type="text"/>	<input type="text"/>
PO - Main Modules	<input type="text"/>	<input type="text"/>
PO - Special Modules	<input type="text"/>	<input type="text"/>
Operations Officer	<input type="text"/>	<input type="text"/>
Health and Safety	<input type="text"/>	<input type="text"/>
Physical Arrangement	<input type="text"/>	<input type="text"/>

Prepared By:

Noted By:

Council Scout Executive/Officer-in-Charge

Delegation/Contingent Head

Jamboree Registration Status

Status of Payment

Verified By

Posted/Recorded

Sub-Camp Assignment **ADULT HUB**

Sub-Camp Director

Remarks

Important Note:

The Members of the Contingent Management Team, including all participating adults in excess of the imposed participant ratio are to stay at the Adult Hub. A copy of the Roster of Accompanying Adults and the corresponding deposit slips must be presented to the Sub-Camp (Adult Hub) for the issuance of identification cards, souvenirs and site (camp) assignment.

ROSTER OF ACCOMPANYING ADULTS

16TH NATIONAL SCOUT JAMBOREE

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

THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

The Accompanying Adults are participating adult leaders who are in excess of the Unit Leader to Participant Ratio of 1:8, as specified under National Office Memorandum No. 42, Series of 2015. They are to stay with the Contingent Management Team at the Adult Hub. Only the designated Adult Leader per Crew/Patrol will be allowed to stay with the Scouts. A copy of the Roster of Accompanying Adults and the corresponding deposit slips must be presented to the Sub-Camp (Adult Hub) for the issuance of identification cards, souvenirs and site (camp) assignment.

Council

Region

COMPLETE NAME

SCOUTING POSITION

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
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11. _____
12. _____
13. _____
14. _____
15. _____

Prepared By:

Noted By:

Council Scout Executive/Officer-in-Charge

Delegation/Contingent Head

Jamboree Registration Status

Status of Payment _____
Verified By _____
Posted/Recorded _____

Sub-Camp Assignment

Sub-Camp Director _____
Remarks _____

ADULT HUB

APPLICATION FOR THE NATIONAL SERVICE TEAM
16TH 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 Rock Climbing Environment Education
Hiking Run Group Activities Canoeing/Rowing
Administration Handicrafts Swimming
Nature Study Outdoor Acitivites Relligious Activities
Orienteering Photography Pioneering
Robotics Music (play instrument) Crowd Management
Public Relations Snorkelling Lifeguard
Computer and ICT Exhibition Operating Biking
Performing Arts Journalism Rappelling
Human Rights Traffic and Security Health Education
First Aid Radio Operator Warehouse/Stockroom
Basic Life Support Safety and Risks Logistics
Messenger of Peace SWA WSEP/Scouts Go Solar

Other Skills

Table with 4 sections: CERTIFICATION, ENDORSEMENT OF THE LOCAL COUNCIL, ENDORSEMENT OF THE REGIONAL OFFICE, ACTION OF THE NATIONAL OFFICE. Each section contains fields for date, remarks, and signatures.

APPLICATION FORM
16TH 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 16th National Scout Jamboree.

Council Scout Executive/Officer-in-Charge

Date

ROSTER OF PARTICIPANTS

16TH 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					
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

Approved By:

Council Scout Executive/Officer-in-Charge

Noted By:

Institutional Head/Representative

Sub-Camp Assignment

Status of Payment

Verified By

Posted/Recorded

16TH 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		Date of last inoculation
Smallpox	_____	Polio (Short or Oral)	_____
Diphtheria	_____	Others	_____
Tetanus Toxoid	_____		

If applicant is under 21 years of age:

In the event of illness or injury occurring to my son during his attendance at the Jamboree / Training, I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that, in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed: _____ Date: _____ Approved by: _____
Applicant Parent or Guardian

MEDICAL EXAMINATIONS

TO THE PHYSICIAN: Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

PHYSICAL FINDINGS

Normal		Abnormal	Explanation if abnormal
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	_____
<input type="checkbox"/>	Vision	<input type="checkbox"/>	_____
<input type="checkbox"/>	Ears	<input type="checkbox"/>	_____
<input type="checkbox"/>	Nose	<input type="checkbox"/>	_____
<input type="checkbox"/>	Throat	<input type="checkbox"/>	_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Posture (Spine)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	_____

IMMUNIZATION (See history)

(Check One)

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

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:
☐ Camping & Hiking ☐ Water Sports ☐ Competitive Sports

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

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

ROSTER OF ACCOMPANYING ADULTS

16TH NATIONAL SCOUT JAMBOREE

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

THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

The Accompanying Adults are participating adult leaders who are in excess of the Unit Leader to Participant Ratio of 1:8, as specified under National Office Memorandum No. 42, Series of 2015. They are to stay with the Contingent Management Team at the Adult Hub. Only the designated Adult Leader per Crew/Patrol will be allowed to stay with the Scouts. A copy of the Roster of Accompanying Adults and the corresponding deposit slips must be presented to the Sub-Camp (Adult Hub) for the issuance of identification cards, souvenirs and site (camp) assignment.

Council

Region

COMPLETE NAME

SCOUTING POSITION

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Prepared By:

Noted By:

Council Scout Executive/Officer-in-Charge

Delegation/Contingent Head

Jamboree Registration Status

Status of Payment _____

Verified By _____

Posted/Recorded _____

Sub-Camp Assignment

ADULT HUB

Sub-Camp Director _____

Remarks _____

ROSTER OF ACCOMPANYING ADULTS

16TH 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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Council

Region

COMPLETE NAME

SCOUTING POSITION

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Prepared By:

Noted By:

Council Scout Executive/Officer-in-Charge

Delegation/Contingent Head

Jamboree Registration Status

Status of Payment _____

Verified By _____

Posted/Recorded _____

Sub-Camp Assignment

ADULT HUB

Sub-Camp Director _____

Remarks _____

ROSTER OF THE CONTINGENT MANAGEMENT TEAM

16TH NATIONAL SCOUT JAMBOREE

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

THEME: "PEACE AND DEVELOPMENT THROUGH SCOUTING"

Council	<input type="text"/>
Region	<input type="text"/>

DESIGNATION	COMPLETE NAME	SCOUTING POSITION
Contingent Head	<input type="text"/>	<input type="text"/>
Deputy Contingent Head	<input type="text"/>	<input type="text"/>
Administrative Officer	<input type="text"/>	<input type="text"/>
Registration and Souvenir	<input type="text"/>	<input type="text"/>
Logistics and Supply	<input type="text"/>	<input type="text"/>
Program Officer	<input type="text"/>	<input type="text"/>
PO - Main Modules	<input type="text"/>	<input type="text"/>
PO - Special Modules	<input type="text"/>	<input type="text"/>
Operations Officer	<input type="text"/>	<input type="text"/>
Health and Safety	<input type="text"/>	<input type="text"/>
Physical Arrangement	<input type="text"/>	<input type="text"/>

Prepared By:

Noted By:

Council Scout Executive/Officer-in-Charge

Delegation/Contingent Head

Jamboree Registration Status

Status of Payment

Verified By

Posted/Recorded

Sub-Camp Assignment **ADULT HUB**

Sub-Camp Director

Remarks

Important Note:

The Members of the Contingent Management Team, including all participating adults in excess of the imposed participant ratio are to stay at the Adult Hub. A copy of the Roster of Accompanying Adults and the corresponding deposit slips must be presented to the Sub-Camp (Adult Hub) for the issuance of identification cards, souvenirs and site (camp) assignment.