PARTICIPANT'S APPLICATION FORM

6TH ASEAN SCOUT JAMBOREE

ENERGY PARK, APOKON, TAGUM CITY, DAVAO DEL NORTE ● 27 NOVEMBER – 2 DECEMBER 207
THEME: **"GROWTH AND STABILITY"**

***

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 _____

ENDORSEMENT 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 _____

APPROVAL OF THE LOCAL COUNCIL

Registration Status

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

I hereby approve the participation of Scout _____ to the **6th ASEAN Scout Jamboree.**

_____
Council Scout Executive/Officer-in-Charge
Date _____

6TH ASEAN SCOUT JAMBOREE
HEALTH AND MEDICAL RECORD

HEALTH HISTORY

Have or subject to (check if yes):

☐ Fainting Spells	☐ Palpitation	☐ Abdominal Pain	☐ Nervousness	☐ Shortness of Breath
☐ Headache	☐ Convulsions	☐ Frequent Cough	☐ Easy Fatigue	☐ Frequent Fever
☐ Chest Pain	☐ Others: _____			

Have or subject to trouble with (check if yes):

☐ Eye, Ear, Nose, Throat	☐ Hernia	☐ Allergy	
☐ Recurrent Diarrhea	☐ Heart	☐ Lungs	
☐ Hypertension	☐ Kidney	☐ Malaria	
☐ Diabetes	☐ Whooping Cough		

Have had: (check if yes)	**YEAR**
☐ Measles	_____
☐ Mumps	_____
☐ Chicken Pox	_____
	_____

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 18 years of age: In the event of illness or injury occurring to my son/daughter during his attendance at the Jamboree, I 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
☐	Eyes	☐	_____
☐	Vision	☐	_____
☐	Ears	☐	_____
☐	Nose	☐	_____
☐	Throat	☐	_____
☐	Teeth	☐	_____
☐	Lungs	☐	_____
☐	Heart	☐	_____
☐	Blood Pressure	☐	_____
☐	Abdomen	☐	_____
☐	Hernia	☐	_____
☐	Genitalia	☐	_____
☐	Extremities	☐	_____
☐	Posture (Spine)	☐	_____
☐	Skin	☐	_____
☐	Urinalysis	☐	_____
☐	Emotional Stability	☐	_____

IMMUNIZATION (See history)	(Check One) OK	Needed	Date Given
Smallpox	☐	☐	_____
Diphtheria	☐	☐	_____
Tetanus Toxoid	☐	☐	_____
Polio	☐	☐	_____
Cholera / Dysentery / Typhoid	☐	☐	_____

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.