



Boy Scouts of the Philippines

National Office

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

PO Box 1378, Manila CPO, Philippines

E-mail: phiscout@skyinet.net

(632) 528-05-55 / (632) 527-51-09 / (632) 527-83-17 to 20 / Fax: (632) 528-03-77



02 July 2017

NATIONAL OFFICE MEMORANDUM

No. 34

Series of 2017

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

SUBJECT : 12TH NATIONAL ROVER MOOT

1. The Boy Scouts of the Philippines is pleased to announce the holding of the **12TH NATIONAL ROVER MOOT** on **23 – 29 October 2017** at the **Camp Rodriguez Santos, Cadlan-Palestina, Pili, Province of Camarines Sur** with the theme, **"Growth and Stability"**.
2. **Aim and Objectives.** The 12th National Rover Moot aims to provide safe, exciting, challenging and meaningful learning opportunities and educational activities geared towards responsible leadership, community development, environment and natural resources protection and preservation and build lasting friendship among the brotherhood of open-air and service.

At the end of the Rover Moot, the participants should be able to:

1. Participate and contribute in the development of local communities through the immersion program, activities and service projects such as tree planting, school garden landscaping, repainting of classrooms, coastal clean-up and community beautification, etc.;
2. Develop awareness about the Environment, Development and Peace Education anchored on the UN Sustainable Development Goals through cooperative learning, teamwork and youth involvement in the WOSM Better World Programmes – the Messengers of Peace (MoP) Initiatives; World Scout Environment Programme (WSEP) and the Scouts of the World Award (SWA);
3. Undertake campcraft and woodcraft skills for self-reliance; outdoor exploration and high-adventure activities that will promote active and healthy lifestyle among Rovers;
4. Acquire knowledge and skills about the relevant issues and challenges of today's society such as health, education, peace, environment, livelihood, family and human rights through forum and dialogue.
5. Develop core life skills and 21st century leadership capabilities through team building, cooperative learning, group dynamics, creative problem-solving and decision-making skills; and
6. Strengthen camaraderie and fellowship among the Rovers from different councils nationwide.

3. **Qualifications for Participation.** The following are the minimum qualifications for participating Rovers, Leaders, CMTs and NSTs, viz:
- a. **Rover Scouts** is expected to have leadership skills and potentials and enough camping experience;
 - i. Must be currently registered with a Rover Circle in good standing
 - ii. Must be at least sixteen (16) to twenty six 26 years old; and those who are in the Junior and Senior High School in the Rover Scouting Section;
 - iii. Must have a Health and Medical Certificate to be Physically Fit as certified by a Licensed Physician
 - iv. Must have Parent's Permit for participants below 18 years old
 - v. Must have a complete set of Camping Gears and Equipment
 - b. **Rover Leaders** must have undergone the Basic Training and/or preferably with Advanced Training Course for Unit Leaders and understanding of his/her duties and responsibilities of Adult Leader;
 - i. Must be currently registered with a Rover Circle
 - ii. Must be physically fit as certified by a physician
 - iii. Must be of good moral character
 - iv. Must be equipped with camping gears
 - v. Preferably a Bead Holder or graduates of Advanced Training Courses (ATC) for Unit Leaders or Leaders of Adults
 - c. **National Service Team.** Each Scouting Region is allocated with specific quota for Adult Leaders and volunteers who wish to serve as part of the National Service Team.
 - i. Must be currently registered as a Rover Scout or as an Adult Leader aged between eighteen (18) to forty (50) years old
 - ii. Must be physically fit as certified by a physician
 - iii. Must be of good moral character
 - iv. Must be at least a Wood Badge Holder with at least one (1) year of experience and service
 - v. Must be duly recommended by the Council Scout Executive/Officer-in-Charge and the Regional Scout Director
4. **Quota for Participation.** The participation to the Rover Moot 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	Rovers	Leaders	CMT	NST	TOTAL
Ilocos Region	50	5	8	5	68
Northeastern Luzon Region	75	8	15	5	103
Central Luzon Region	75	8	15	5	103
National Capital Region	100	10	10	15	135
Southern Tagalog Region	300	30	18	30	378
Bicol Region	200	20	10	20	250
Western Visayas Region	20	10	0	0	30
Eastern Visayas Region	50	5	0	0	55
Western Mindanao Region	200	20	12	20	252
Eastern Mindanao Region	200	20	20	20	260
TOTAL	1,270	136	108	120	1,634

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- a. **Rovers.** A Standard Ratio of One (1) Leader for every nine (9) Rovers must be observed in the composition of Moot Contingents.
 - b. **Leaders.** The number of Leaders is basically 10% of the allocated quote for Rover participants per Scouting Region.
 - c. **CMTs.** Each Scouting Region must constitute its own Contingent Management Team (CMT) for coordination, planning, deployment and monitoring purposes. While the number of CMTs allocated per Scouting Region is based on the number of Local Councils within the Region, the Regional Scout Director shall be responsible for directing the organization of their respective CMTs.
 - d. **NSTs.** Each Scouting Region is allocated with specific quota for Adult Leaders and volunteers who wish to serve as part of the National Service Team. NSTs played a significant role in the implementation of the Rover Moot program as well as in the Administration Support to the Moot Organizers. The NST allocation per Scouting Region is pegged at 10% of the allocated number of Rover Participants, respectively.
5. **Registration Fee.** A Registration fee of **Five Hundred Pesos Only (P 500.00)** shall be charged each participant to cover expenses for program materials, certificates, individual souvenir items and other administrative costs during the event.
6. **Registration Procedures:** Stated below are important information regarding the Rover Moot Registration System and Procedure, viz:
- a. **Pre-Registration: Inclusive Dates: July 05 – 31, 2017**
During this phase, all Local Councils who wish to participate in the Rover Moot must electronically (via email) complete and submit to the BSP National Office, the following Rover Moot Forms:
 - Rover Moot Form No. 02 – IST Application Form
 - Rover Moot Form No. 03 – Contingent Registration Form
 - Rover Moot Form No. 04 – Roster of Contingent Management Team
 - Rover Moot Form No. 05 – Roster of Participants

No payment shall be remitted during this phase, only the required Rover Moot forms, as identified above. This will determine the strength of participation of each Local Council, depending on the quota allocation per Scout Region.

The participation as identified in the Rover Moot forms will undergo scrutiny and review thru the National Project Management Team to ensure that the standards of participation are met (adult and participant ratio, required number of the CMT, etc.). The participation must strictly conform to the quota allocation and the participant ratio.

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, consistent with the quota allocation.

b. Confirmation of Participation: Inclusive Dates: August 1 – 31, 2017

The Phase 2 of the registration refers to the general review of participation of each Local Council in order to ensure that proper allocation of participants based on the required participant ratio and allowable number of adults to be included in the Contingent Management Team.

Accompanying adults in excess of the required participant ratio and members of the CMT will not be allowed.

Once participation is found to be consistent with the Rover Moot Registration Policy, a Notice of Confirmation will be sent by the National Project Management Team to each Local Council, detailing the required payment and the authorizing remittance of payment per allowed number of participants.

c. Remittance of Payment: Inclusive Dates: September 1 – 15, 2017

The last phase of the registration is the remittance of payment. The details of the registration, as well as the corresponding fee will be reflected in the Notice of Confirmation which will be sent by the National Project Management Team directly to the Local Council.

Remittance of registration will be done in bulk, per Local Council. Only the Local Council is allowed to remit the registration fee. No individual registration fees should be remitted to the Rover Moot account.

Registration Fees must be paid directly to the host council [Camarines Sur Council, BSP] via bank transfer, to the official Rover Moot account, with the following details:

Account Name:	BSP-CAMARINES SUR COUNCIL
Current Account Number:	0042-1017-70
Bank Name:	LANDBANK OF THE PHILIPPINES
Branch:	NAGA CITY BRANCH

The SCANNED COPY [not photo taken] of the bank deposit slip must be electronically transmitted to the BSP National Office at bsp@scouts.org.ph, with a copy furnished to email of the host council.

THERE WILL BE NO ON SITE REGISTRATION AS REGISTRATION WILL CLOSE TWO (2) MONTHS BEFORE THE ROVER MOOT. ONLY THE HOST CAMARINES SUR COUNCIL, BSP, IS AUTHORIZED TO COLLECT AND/OR RECEIVE THE ROVER MOOT REGISTRATION FEE.

Regardless as to whether the total numbers of pre-registered participants have been met or not during the actual conduct of the Rover Moot, the registration fee is not refundable, but is transferrable.

7. **Rover Circle Equipment:** The standard Circle equipment is prescribed in activities of this nature. It is suggested that only handy equipment (tent, cooking gears, sleeping bags, food provisions, uniform, costumes, extra clothes, personal toilet kit. etc.) should be brought by every contingent.
8. **Food Provisions.** The Moot participants of each Local Council must provide for their own food and other basic requirements that will be sufficient throughout the entire duration of the Rover Moot. Each contingent is responsible in managing their respective kitchens, mess and commissaries. Wet and Dry Markets will be made available at the Camp Site in order to ensure the availability of food supplies at reasonable prices.
9. **Travel Itinerary.** All Local Council Moot participants are advised to submit their Itinerary of Travel to their respective Regional Scout Directors for record and reference purposes. Furthermore, all PARTICIPANTS are advised to report at the Rover Moot Site not later than 0900H of 23 October 2017, Monday and will only be cleared to leave the camp after the Grand Closing Ceremony.
10. **Moot Bulletins.** The National Project Management Team will be publishing and releasing Rover Moot Bulletins from time to time in order to provide everyone with the latest information and details about the 12th National Rover Moot, allowing and enabling all participants to adequately prepare for the event.

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

Official Website www.scouts.org.ph/12thNRoverMoot (sample)

Official Email bsp@scouts.org.ph

Official Facebook Fan Page 12th National Rover Moot (facebook.com/sample) Official Twitter Account @ScoutsPH (twitter.com/ScoutsPH)

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 National Project Management Team of the **12TH NATIONAL ROVER MOOT** thru the any of following persons:

ENRIQUE H. BESENIO

Project Officer, 12th National Rover Moot
Regional Field Scout Executive
king.besenio@yahoo.com.ph

RODOLFO C. PANGILINAN

Regional Scout Director
Southern Luzon (STR/BR) Regions, BSP
rsdrjcpangilinan@gmail.com

SOFRONIO D. HONTANOSAS

Acting Director, Field Operations Division
National Project Management Team
ron.hontanosas@gmail.com

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



ROGELIO S. VILLA JR.
Secretary General

Encls. General Programme of Activities
Rover Moot Form No. 01 – Participant's Application Form
Rover Moot Form No. 02 – NST Application Form
Rover Moot Form No. 03 – Contingent Registration Form
Rover Moot Form No. 04 – Roster of the Contingent Management Team
Rover Moot Form No. 05 – Roster of Participants

FOD.SDH/YFS

PATICIPANTS APPLICATION FORM

12th NATIONAL ROVER MOOT

CAMP RODRIGUEZ SANTOS, CADLAN-PALESTINA, PILI, CAMARINES SUR • 23 – 29 OCTOBER 2017
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 Circle _____ 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 approved the participation of Rover Scout _____ to the 12th NATIONAL ROVER MOOT.

 Council Scout Executive/Officer-in-Charge
 Date _____

12th NATIONAL ROVER MOOT
HEALTH AND MEDICAL RECORD

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: _____			

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

Date of last inoculation

Date of last inoculation

Smallpox
Diphtheria
Tetanus Toxoid

Polio (Short or Oral)
Others

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
<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:

<input type="checkbox"/> Camping & Hiking	<input type="checkbox"/> Water Sports	<input type="checkbox"/> Competitive Sports
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Recommendations and/or restrictions (if none, so state): _____

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

NATIONAL SERVICE TEAM APPLICATION FORM
12th NATIONAL ROVER MOOT

CAMP RODRIGUEZ SANTOS, CADLAN-PALESTINA, PILI, CAMARINES SUR • 23 – 29 OCTOBER 2017
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 _____
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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Peace Education | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Environment Education |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Run Group Activities | <input type="checkbox"/> Canoeing/Rowing |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Handicrafts | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Nature Study | <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Religious Activities |
| <input type="checkbox"/> Orienteering | <input type="checkbox"/> Photography | <input type="checkbox"/> Pioneerering |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Music (play instrument) | <input type="checkbox"/> Crowd Management |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Snorkelling | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> Computer and ICT | <input type="checkbox"/> Exhibition Operating | <input type="checkbox"/> Biking |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Journalism | <input type="checkbox"/> Rappelling |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Traffic and Security | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Radio Operator | <input type="checkbox"/> Warehouse/Stockroom |
| <input type="checkbox"/> Basic Life Support | <input type="checkbox"/> Safety and Risks | <input type="checkbox"/> Logistics |
| <input type="checkbox"/> Messenger of Peace | <input type="checkbox"/> SWA | <input type="checkbox"/> WSEP/Scouts Go Solar |

CERTIFICATION

I hereby certify to the correctness and truthfulness of the information stated above.

Applicant's Signature over Printed Name

ENDORSEMENT OF THE LOCAL COUNCIL

Date _____
Remarks _____

Council Scout Executive/Officer-in-Charge

ENDORSEMENT OF THE REGIONAL OFFICE

Date _____
Remarks _____

Regional Scout Director

ACTION OF THE NATIONAL OFFICE

Date _____ Received _____
Verified: _____ Recorded: _____

☐ Approved ☐ Disapproved ☐ Others

Assistant Project Officer for Administration

12th NATIONAL ROVER MOOT
HEALTH AND MEDICAL RECORD

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:						

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

<input type="checkbox"/>	Eye, Ear, Nose, Throat	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	Measles	YEAR
<input type="checkbox"/>	Recurrent Diarrhea	<input type="checkbox"/>	Heart	<input type="checkbox"/>	Lungs	<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	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
<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
	OK	Needed	
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.

PATICIPANTS APPLICATION FORM
12th NATIONAL ROVER MOOT

CAMP RODRIGUEZ SANTOS, CADLAN-PALESTINA, PILI, CAMARINES SUR • 23 – 29 OCTOBER 2017
THEME: **"GROWTH AND STABILITY"**

COUNCIL	<input type="text"/>
REGION	<input type="text"/>

DESIGNATION	COMPLETE NAME	SCOUTING POSITION
-------------	---------------	-------------------

GENERAL ADMINISTRATION		
Contingent Head		
Deputy Contingent Head for Administration		
Deputy Contingent Head for Program		
Deputy Contingent Head for Operations		
Chief of Staff (CSE/OIC)		

ADMINISTRATION GROUP		
Administrative Officer		
Registration and Souvenir		
Logistics and Supply		

PROGRAM GROUP		
Program Officer		
Immersion Officer		
In - Camp Activity Officer		

OPERATIONS GROUP

Operations Officer

Health, Sanitation and Safety

Physical Arrangement

Prepared By:

Noted By:

Council Scout Executive/Officer-in-Charge

Delegation/Contingent Head

Rover Moot 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.

PATICIPANTS APPLICATION FORM**12th NATIONAL ROVER MOOT**

CAMP RODRIGUEZ SANTOS, CADLAN-PALESTINA, PILI, CAMARINES SUR • 23 – 29 OCTOBER 2017

THEME: "GROWTH AND STABILITY"

Sponsoring Institution	
Address	
Council	
Region	

RADIAN / TEAM 1

	DESCRIPTION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Current Rank	Position in the Circle
	Adult Leader					
1	Rover Scout					
2	Rover Scout					
3	Rover Scout					
4	Rover Scout					
5	Rover Scout					
6	Rover Scout					
7	Rover Scout					
8	Rover Scout					
9	Rover Scout					

RADIAN / TEAM 2

	DESCRIPTION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Current Rank	Position in the Circle
	Adult Leader					
1	Rover Scout					
2	Rover Scout					
3	Rover Scout					
4	Rover Scout					
5	Rover Scout					
6	Rover Scout					
7	Rover Scout					
8	Rover Scout					
9	Rover Scout					

RADIAN / TEAM 3

	DESCRIPTION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Current Rank	Position in the Circle
	Adult Leader					
1	Rover Scout					
2	Rover Scout					
3	Rover Scout					
4	Rover Scout					
5	Rover Scout					
6	Rover Scout					
7	Rover Scout					
8	Rover Scout					
9	Rover Scout					

RADIAN / TEAM 4

	DESCRIPTION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Current Rank	Position in the Circle
	Adult Leader					
1	Rover Scout					
2	Rover Scout					
3	Rover Scout					
4	Rover Scout					
5	Rover Scout					
6	Rover Scout					
7	Rover Scout					
8	Rover Scout					
9	Rover Scout					

Prepared By:

Noted By:

Unit Leader's Signature over Printed Name_____
Institutional Head/Representative

Approved By:

Sub-Camp Assignment _____

Status of Payment _____

Verified By _____

Council Scout Executive/Officer-in-Charge

Posted/Recorded _____