



Republic of the Philippines
Department of Education
Region VII, Central Visayas



DIVISION OF CEBU PROVINCE

Sudlon, Lahug, Cebu City

NOV 04 2014

DIVISION MEMORANDUM

No. 594 s. 2014

PHILIPPINE SCOUTING CENTENNIAL JAMBOREE

To: Division Field Commissioners
District / School Commissioners
Secondary School Commissioners
Heads, Private Elementary and Secondary Schools

1. Enclosed is Boy Scouts of the Philippines Cebu Council Memorandum No. 40, s. 2014 entitled, **PHILIPPINE SCOUTING CENTENNIAL JAMBOREE**, with the theme: “ **Peace And Development Through Scouting**” on 7 – 11 November 2014 at Capitol Hills Scout Camp, Cebu City.
2. Interested participants shall register themselves at Cebu Council Office at N. Bacalso corner Tres de Abril Street before going to Capitol Hills Scout Camp.
3. Participation ratio of 1: 8 (1 Unit Leader per 8 Scouts) shall be observed and parent’s permit shall be strictly required.
4. Registration fee of Six Hundred Fifty Pesos (Php 650.00) and other incidental expenses incurred relative to the participation of this jamboree, is chargeable against Special Education Fund (SEF), School/District BSP Fund, personal or solicited fund, subject to its availability and the usual accounting and auditing rules and procedures.
5. Two (2) days service credits shall be given to teacher –participants of this centennial jamboree.
6. This Memorandum shall serve as Authority to Travel.
7. Immediate and wide dissemination of this Memorandum is desired.

ARDEN D. MONISIT, Ed. D.
Schools Division Superintendent



October 28, 2014

Council Memorandum
No. 40, s. 2014

TO : All Scout Commissioners, Outfit Advisors, Troop Leaders

SUBJECT : PHILIPPINE SCOUTING CENTENNIAL JAMBOREE

1. Boy Scouts of the Philippines is pleased to announce the holding of **PHILIPPINE SCOUTING CENTENNIAL JAMBOREE** with the theme: "**Peace and Development through Scouting**" on 7-11 November 2014 at the Capitol Hills Scout Camp, Cebu City.
2. The Jamboree is open to all registered Boy Scouts ages 10 to 12 years old; at least Grade 5 and a holder of Second Class Scout Rank; and Senior Scouts ages 13 but not over 17 years old; at least 2nd year High School and a holder of at least Pathfinder Scout Rank; Physically fit as certified by a duly licensed Physician; and equipped with personal camping gears.
3. The participation ratio of 1:8 (1 Unit Leader and 8 Scouts) shall be strictly enforced.
4. Contingents will bring their own cooking and camping gears and equipment and must arrange their own transportation requirements from point of origin to the Jamboree site drop-off point and return.
5. The Jamboree Registration Fee of SIX HUNDRED FIFTY PESOS (Php 650.00) shall be charged each Participant to cover administrative costs, camp development and other expenses for programme materials and centennial souvenir items.
6. All contingents shall register at the Cebu Council Office at N. Bacalso cor. Tres de Abril St. before going to Capitol Hills Scout Camp.
7. Hereto attached are the requirements for registration from the National Office.
8. For information, guidance, widest dissemination and compliance of all concerned.


IAN ANTHONY T. DIOLA
Council Scout Executive

Boy Scouts of the Philippines
CEBU COUNCIL

2/F Cebu Council, BSP Headquarters, corner N. Bacalso Ave. & Tres de Abril St., Cebu City, Philippines
Tel. No.: (032) 418-6258 TelFax: (032) 261-1402 FB: bspcebucouncil@gmail.com Email: cebu.bsp@scouts.org.ph



PHILIPPINE SCOUTING CENTENNIAL JAMBOREE – VISAYAS

Capitol Hills Scout Camp, Cebu City

7 – 11 November 2014

Theme: "Peace & Development through Scouting"



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JAMBOREE PARTICIPANT'S APPLICATION FORM

PERSONAL INFORMATION

Surname: _____ First Name: _____ Middle Initial: _____

Local Council: _____ Region: _____

Mailing Address: _____

Birthdate: _____ Birthplace: _____ Age: _____

Gender: _____ Religion: _____

Contact Info: Landline: _____ Mobile No.: _____ Email: _____

School/Sponsoring Institution: _____ Troop/Outfit No: _____

BSP Membership Card No: _____ Date of Registration: _____ Valid Until: _____

Position in the Troop/Outfit: _____ Current Rank: _____

ACTIVITY CONSENT AND PARENT'S/GUARDIAN'S PERMIT

I understand that 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 every effort will be made to contact me. In the event 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 the name of the Scout appeared above is duly registered member of the Boy Scouts of the Philippines, _____ Local Council under the Sponsoring Institution of _____ and is an official delegate to the Philippine Scouting Centennial Jamboree for Visayas.

Troop Leader/Outfit Advisor

Institutional Head / Representative

ENDORSEMENT OF THE LOCAL COUNCIL

Jamboree Registration Fee:

Reservation Fee (Php 300.00) _____

Balance (Php 350.00) _____

Full Payment (Php 650.00) _____

OR No: _____

Date: _____

Checked & Verified by:

Signature Over Printed Name

Council Scout Executive/OIC



PHILIPPINE SCOUTING CENTENNIAL JAMBOREE – VISAYAS

Capitol Hills Scout Camp, Cebu City

7 – 11 November 2014

Theme: "Peace & Development through Scouting"



Messengers of Peace

TROOP/OUTFIT ROSTER OF PARTICIPANTS

Sponsoring Institution: _____

Local Council: _____ Region: _____

POSITION	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					

POSITION	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					

POSITION	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					

POSITION	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 and Submitted by: _____

Date: _____

Unit Scouting Coordinator

Institutional Head/Representative

Verified and Checked: _____

Date: _____

Council Scout Executive/OIC

Delegation/Contingent Head

Jamboree Registration Status: Reservation Fee: _____ Full Payment: _____ Balance: _____

OR NO: _____ Date: _____

Sub-Camp Assignment: _____ Sub-Camp Director: _____

**PHILIPPINE SCOUTING CENTENNIAL JAMBOREE 2014
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"/> 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

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

If applicant is under 21 years of age:

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

Signed: _____ Date: _____
Applicant

Approved by: _____
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

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

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:

Camping & Hiking Water Sports Competitive Sports

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

Signed: _____
Examinee

Signed: _____
Physician and License No.



BOY SCOUTS OF THE PHILIPPINES
PHILIPPINE SCOUTING CENTENNIAL JAMBOREE
 Capitol Hills Scout Camp, Cebu City
 07 - 11 November 2014
Theme: "Peace and Development through Scouting"



Messengers of Peace

GENERAL PROGRAMME OF ACTIVITIES

TIME	DATE	06 November 2014 Day 0: Thursday	07 November 2014 DAY 1: Friday	08 November 2014 Day 2: Saturday	09 November 2014 Day 3: Sunday	10 November 2014 Day 4: Monday	11 November 2014 Day 5: Tuesday	12 November 2014 Day 6: Wednesday					
0500 - 0600 H			"DUTY TO GOD" THANKS GIVING MASS	Physical Fitness / Breakfast / Religious Services / Camp Clean-Up / Inspection / Roll Call PHILIPPINE SCOUTING CENTENNIAL CHALLENGE Module 1: 21 st Century Leadership & Core Life Skills Module 2: Global Development Village & City of Science Module 3: Learn a Trade & Learners Market Module 4: The Lorillard Spencer Troop Service Module 5: Back to Basics: Scoutcraft & Orienteering Course Module 6: Outdoor & Water Adventure Expedition Module 7: Special Adults' Activities Module 8: Special Activities					KID SCOUT PARTY	BREAK CAMP			
0600 - 0700 H	ARRIVAL		PEACE BATON										
0700 - 0800 H	REGISTRATION		GRAND OPENING CEREMONIES									KAB SAYAHAN AND OLYMPICS	CLEAN-UP
0800 - 0900 H	SETTLE-IN		UNVEILING CENTENNIAL MARKER									YOUTH FORUM	CAMP CLEARANCE
0900 - 1000 H			RIBBON CUTTING CENTENNIAL EXHIBIT									ROVER GET TOGETHER	
1000 - 1100 H													
1100 - 1200 H													
1200 - 1300 H				FELLOWSHIP LUNCH									
1300 - 1400 H				PHILIPPINE SCOUTING CENTENNIAL CHALLENGE Module 1: 21 st Century Leadership & Core Life Skills Module 2: Global Development Village & City of Science Module 3: Learn a Trade & Learners Market Module 4: The Lorillard Spencer Troop Service Module 5: Back to Basics: Scoutcraft & Orienteering Course Module 6: Outdoor & Water Adventure Expedition Module 7: Special Adults' Activities Module 8: Special Activities BROTHERHOOD DINNER					FANCY DRILL COMPETITION	HOME			
1400 - 1500 H	CAMP	SKILL-O-RAMA (Senior Scout Section)										SHOW AND DO	SWEET
1500 - 1600 H	DEVELOPMENT	SCOUT RALLY (Boy Scout Section)										JAMBOREE FIESTA	HOME
1600 - 1700 H												NATIONAL COURT OF HONOR for EAGLE SCOUTS	
1700 - 1800 H													
1800 - 1900 H				ES Conclave & ATAS Gathering CULTURAL NIGHT Gabi ng Sayaw't Awit									
1900 - 2000 H			GILWELL REUNION						FILM SHOWING				
2000 - 2100 H			SUB-CAMP CAMPFIRE						PEACE JAMB CONCERT				
2100 - 2200 H	GENERAL STAFF MEETING	CAMP CHIEF'S WELCOME RECEPTION										GRAND CAMPFIRE AND CLOSING CEREMONIES	
2200 - 2300 H													
				TAPS / LIGHTS OFF / CURFEW									