



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



DIVISION OF CEBU PROVINCE
Sudlon, Lahug, Cebu City

JUL 04 2016

DIVISION MEMORANDUM

No. 341 s. 2016

7th NATIONAL SCOUT VENTURE CAMP

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

1. Attached is Boy Scouts Of The Philippines (BSP) Cebu Council Memorandum No. 20 s. 2016 informing the field of the **7th National Scout Venture Camp on September 25-30, 2016 at BSP Camp Danao, Malapuc, Norte, Maasin City, with the theme "Growth and Stability"**.
2. For more details please see attached Memorandum.
3. Immediate and wide dissemination of this Memorandum is desired.


RHEA MAR A. ANGTUD Ed. D., CESO VI
Schools Division Superintendent

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Boy Scouts of the Philippines
CEBU COUNCIL

June 24, 2016

Council Memorandum

No. 20 Series of 2016

TO : DIVISION FIELD COMMISSIONERS,
DISTRICT / SCHOOL COMMISSIONERS,
SECONDARY SCHOOL COMMISSIONERS,
HEAD, PRIVATE ELEMENTARY AND SECONDARY SCHOOLS

SUBJECT : 7TH NATIONAL SCOUT VENTURE CAMP

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1. We are pleased to announce the holding of the 7th National Scout Venture Camp on 25 – 30 September at BSP Camp Danao, Malapuc Norte, Maasin City, with the Theme: "Growth and Stability."
 2. The Scout Venture Camp aims to provide opportunities for Senior Scouts to practice and enhance their physical, social, mental, emotional and spiritual potentials. Discover and act upon their strengths through challenging, adventurous and experimental learning activities.
 3. Following are the details:
 - 3.1 Qualifications for participation:
 - A. Scout is expected to have leadership potentials, sufficient camping experience, physically fit to undergo strenuous activities with parent's approval and must be:
 - Currently registered as a Senior Scout.
 - 13 years old but not over 17 years old.
 - Holder of at least Outdoorsman Rank and,
 - Equipped with camping gears.
 - B. Adult Leader must have the maturity and clarity about his role and must be:
 - Currently registered;
 - Trained as an Outfit Advisor and have served as OA or AOA for at least 2 years.
 - Of good Moral Character.
 - Physically fit as certified by a physician; and,
 - Equipped with camping gears.
 4. Registration Details. Stated below are important information regarding the Scout Venture Camp Registration System and Procedure.

4.1 Registration Fee. A non-refundable but transferable Registration Fee of **FIVE HUNDRED PESOS (Php 500.00)** shall be charged from each of the participants in order to defray administrative cost, program materials, souvenir items and other operating expenses.

Registration Fees for the Scout Venture Camp must be remitted directly to the host council on or before **August 31, 2016**.

5. Participation Ratio. One (1) adult leader for every eight (8) Scouts is a MUST to exercise efficient outfit leadership management.
6. Food Provision. The 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 Venture Camp. A camp market will be set up for availability of food supplies.
7. It is expected that Local Councils and Regions shall organize their contingents and start preparation without delay. Efforts should be vigorously exerted to promote maximum participation in this activity.
8. For immediate dissemination and compliance of all concerned.


IAN ANTHONY T. DIOLA
Council Scout Executive



7th NATIONAL SCOUT VENTURE CAMP
 BSP Scout Camp Darao, Malapuc Norte, Maasin City
 25-30 September 2018
 Theme: Growth and Stability

APPLICATION FORM

This form is subject to the regulations of the organization.

Name of Local Council _____ Region _____

PERSONAL DETAILS

Surname _____ First name _____ Middle Initial _____

Gender _____ Date of Birth ____/____/____ (dd/mm/yy) Place of Birth _____

Height _____ Weight _____ Blood type _____ Nationality _____ Religion _____

Father's Name _____ Mother's Name _____

School or profession _____ Grade or level of education _____

Home Address _____ City/Province _____ Zip _____

Tel No. _____ Mobile No. _____ Fax No. _____ E-mail _____

Special Skills/Qualifications: _____

I transmit herewith: P 500.00 as Full Payment of my Registration Fee (Scout/Adult Leader)

Applicant's Signature _____

Date ____/____/____ (dd/mm/yy)

PARENT'S/GUARDIAN CONSENT

(for application of minor age)

I hereby approve this application and certify to its correctness. In consideration of the benefits to be derived, we expressly waive any and all claims against the Boy Scouts of the Philippines or its representatives on account of any incident or injury or damage to personal property that may occur beyond the control of the Contingent Officials-BSP provided adequate safety measures and precautions have been instituted in participation in the 7th National Scout Venture Camp.

 Signatory (over Printed Name of Parent/Guardian)

Date: _____

LOCAL COUNCIL ENDORSEMENT:

Name of Local Council: _____

Name of Person Authorizing this Application: _____ Position _____

Signature of Person Authorizing this Application: _____ Date ____/____/____

HEALTH DETAILS

Name: _____ Local Council: _____

Special Health Problem: (Do you have any illness of the following?)

- | | | | | |
|--|------------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Haemophilia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Autism |

Chronic Allergies: _____

Any physical disability: _____

Others (please specify): _____

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

Physician (Signature over Printed Name): _____ License No.: _____

7th NATIONAL SCOUT VENTURE CAMP
 BSP Camp Danao, Malaboc Norte, Masin City
 25 - 30 September 2016
 Theme: "Growth and Stability"

OUTFIT ROSTER OF PARTICIPANTS

Sponsoring Institution: _____ Region: _____
 Local Council: _____

POSITION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Current Rank	Position in the Unit
Adult Leader:					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					

POSITION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Current Rank	Position in the Unit
Adult Leader:					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					

POSITION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Current Rank	Position in the Unit
Adult Leader:					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					

POSITION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Current Rank	Position in the Unit
Adult Leader:					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					
Senior Scout					

Prepared and Submitted by: _____ Date: _____

 Unit Scouting Coordinator Institutional Head/Representative
 Verified and Checked Date: _____

 Council Scout Executive/OIC Delegation/Contingent Head

Scout Venture Registration Status:
 Full Payment: _____ OR NO: _____ Date: _____
 Sub-Camp Assignment: _____ Sub-Camp Director: _____