

DIVISION MEMORANDUM


No. 383 s. 2016

JUL 22 2016

**BOY SCOUTS OF THE PHILIPPINES FIRST
ADULT EXTRA CHALLENGE**

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

1. Attached is **Regional Memorandum No. 0428 s. 2016** dated **July 12, 2016** entitled **“Boy Scouts Of The Philippines First Adult Extra Challenge”**, for the information and guidance of all concerned.
2. Participants to this activity are Adult Leaders (teachers).
3. Registration Fee of Seven Hundred Fifty Pesos (Php 750.00) for the cost of materials for the activities (including food), travel and other incidental expenses incurred relative to the participation of this activity shall be charged against local/school MOOE or any available funds subject to the usual accounting and auditing rules and regulations.
4. For more details please see attached Memorandum.
5. Immediate and wide dissemination of this Memorandum is desired.


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

Telephone Numbers:
Schools Division Superintendent
Asst. Schools Division Superintendent
Accounting Section:
Disbursing Section:
Admin/Legal:

(032)255-6405
(032)4147457
(032)254-2632
(032)255-4401
(032)253-7847

Website: www.depedcebuprovince.com
Email Add: depedcebuprovince@vahoo.com

Dr. Gynnes



REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
REHIYON VII, GITNANG VISAYAS
REGION VII, CENTRAL VISAYAS
Sudlon, Lahug, Cebu City

D422998A



REGIONAL MEMORANDUM
No. 0428, s. 2016

JUL 12 2016

BOY SCOUTS OF THE PHILIPPINES FIRST ADULT EXTRA CHALLENGE

To: Schools Division/City Superintendents
Officers-in-Charge of Regular and Interim Divisions
All Others Concerned

Dr. SGO D
- Take charge
7/12/16

1. The Boy Scouts of the Philippines will conduct the First Adult Extra Challenge on July 29-31, 2016 at the USJ-R Ecopark, Maslog, Danao City, Cebu. The objective of this activity is to refresh the adult leaders in scouting skills, orient how to advance scouts to the next higher rank and how to integrate scouting activities into Scout Advancement Program.
2. Participants invited to attend are Adult Leaders (Teachers).
3. Transportation, per diem and other expenses incurred relative to the travel of this activity including a Registration Fee of Seven Hundred Fifty Pesos (Php750.00), for the cost of materials for the activities (including food) shall be charged against local division/school MOOE funds or any available funds subject to the usual accounting and auditing rules and regulations.
4. For immediate and wide dissemination.

Juliet A. Jeruta
JULIET A. JERUTA
Director III
Officer-in-Charge

ESSD
Laj/bj/ram/116

Office of the Director (ORD), Tel. Nos.: (032) 231-1433, 231-1009; 414-7399; 414-7325; 255-4561 Field Technical Assistance Division (FIAD),
Tel. Nos.: (032) 414-7324 Curriculum Learning Management Division (CLMD), Tel. Nos.: (032) 414-7325
Quality Assurance Division (QAD), Tel. Nos.: (032) 231-1071 Human Resource Development Division (HRDD), Tel. Nos.: (032) 255-5259
Education Support Services Division (ESSD), Tel. No.: (032) 254-7032 Planning, Policy and Research Division (PPRD), Tel. Nos.: (032) 231-9830,
414-7055 Administrative Division, Tel. Nos.: (032) 414-7326; 414-4367; 414-7366; 414-7322; 414-4367
Finance Division, Tel. Nos.: (032) 256-2575; 253-8051; 414-7321

"ESD 2015: Starapalan ng Lahat, Pananagutan ng Lahat"

Republic of the Philippines
Boy Scouts of the Philippines
CEBU COUNCIL

ADULTS EXTRA CHALLENGE

TIME	First Day	Second Day	Third Day	
500 H		Wake-up / Morning Exercise		
600 H		Breakfast	Eucharistic Mass	
700 H		Flag Raising Ceremony		
800 H		Advancement Clinic	Pinoy Games	
900 H			(KID/KAWAN Holiday)	
1000 H			Olympikan	
1100 H				
1200 H		Lunch	Closing	
1300 H	Registration	Skills Clinic	Home	
1400 H		Hiking Orienteering / Obstacle Course		
1500 H				
1600 H	Opening Program			Sweet
1700 H	Getting To Know You			
1800 H	Prepare for Dinner			
1900 H	2016 Lakan at Lakambini	Campfire	Home	
2000 H				
2100 H	Bis Rock Rockan!	Coronation	!!!	
2200 H		Socialization		
2300 H		**** T A P S ****		

Special Activities

2016 Lakan at Lakambini

Bis Rock Rockan!

Motif

Muslim Attire

Baruk

APPLICATION FORM

AGUN SA LUPANG BAYAN SA MASLOG
USJ-R, ECCOPARK, MASLOG, DANAOG CITY • 29-31 JULY 2016
THEME: "CHARACTER COUNTS"

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 _____

ACTION OF THE SPONSORING INSTITUTION

This is to certify that Scout _____, is a bona fide member of the Boy Scouts of the Philippines registered in this institution, under the _____ Council.

School Coordinator Signature _____
Date _____

Institutional Head / Representative _____
Date _____

REGISTRATION STATUS

Reservation Fee: _____ Date: _____

Balance: _____ OR No.: _____

Full Payment: _____

ROSTER OF PARTICIPANTS

ADULT LEADERS & COUNCIL CHAIRMAN
 USJ-R ECOPARK, MASLOG, DANAOCITY, CEBU • 29-31 JULY 2016
 THEME: "CHARACTER COUNTS"

Sponsoring Institution: _____
 District: _____
 Area: _____
 Council: _____

DESCRIPTION	COMPLETE NAME (please write in PRINT)	AGE	GENDER	Position
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				
Adult Leader				

Prepared By: _____

Noted By: _____

 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 _____

ADULT LEADERS EXTRA CHALLENGE 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 (Shot 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: _____ 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
Smallpox	OK <input type="checkbox"/>	Needed <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.



Republic of the Philippines
Boy Scouts of the Philippines
CEBU COUNCIL

July 14, 2016

Council Memorandum

No. 23 , Series of 2016

TO : All Adult Leaders

1. We are pleased to announce to hold the First Cebu Council Adult Leaders Extra Challenge on July 29 – 31, 2016 at the University of San Jose - Recoletos Eco Park, Maslog, Danao City, Cebu.
2. The objectives of this activity are the following:
 - a. To conduct Scouting Advancement Orientation Workshop.
 - b. To introduce to leaders the importance of Scout Advancement.
 - c. To integrate the Scout Activities into Scout Advancement.
 - d. To refresh Scout Leaders on Scouting skills.
 - e. To orient Scout Leaders to Scout Activities on different sections.
3. The Registration Fee is Seven Hundred Fifty Pesos (Php 750.00) to defray the cost of materials for the activities and other operational expenses.
4. The following are the Guidelines:
 - a. Each group must consist of 8 Adult Leaders
 - b. Adult Leaders must be registered to Cebu Council, BSP
 - c. Must have a complete Type "A" Scout Uniform
 - d. Each group will create a Camp with Layout, Fences and Camp Gate
5. Things to bring:
 - a. Type "A" Scout Uniform
 - b. Application for Unit Registration (AUR) Form
 - c. Camping Gear/Sleeping Gear/Mess Kit
 - d. Rubber Shoes/Rubber Boots/Slippers
 - e. Rain Gear/ Heat Protection
 - f. Bolo/ Knife/ Flashlight/ Combat Lantern
 - g. First aid Kit / Personal Medicines
 - h. Warm Clothes good for the duration of the Camp
 - i. Compass
6. Activity Matrix and Roster of Applicants are attached herewith.
7. We are encouraging Unit Leaders to join the activity. This will help in running Scouting Unit and conducting activities in Scouting.
8. Registration and other expenses relative to the participation is chargeable to local/MOOE/other funds available as stipulated in Regional Memo No. 0428, s. 2016 Re: Boy Scouts of the Philippines First Adult Extra Challenge, dated July 12, 2016.


IAN ANTHONY T. D'OLA
Council Scout Executive