



*Tanggapan ng Kalihim
 Office of the Secretary*

January 25 1999

DECS MEMORANDUM
 No 13 s 1999

FIRST NATIONAL SCOUT VENTURE

**TO Bureau Directors
 Regional Directors
 Schools Division Superintendents
 District Supervisors
 Public and Private Secondary School Principals**

- 1 The Boy Scouts of the Philippines will conduct the First National Scout Venture on February 1 – 5 1999 at Ilian Hills San Nicolas Irga City
- 2 The Scout Venture aims to achieve the following
 - a provide meaningful activities that will develop in a progressive manner desirable virtues such as honesty trustworthiness industry and perseverance that will enhance the social acumen for cooperation teamwork and conduct
 - b undertake a variety of challenging physical and mental activities that will contribute to the personal development
 - c develop greater awareness of the spiritual dimension of Scouting and
 - d foster the value of friendship understanding brotherhood and camaraderie of Scouting Movement
- 3 In view of this all Senior Scouts and Scouters can attend on official time Further all concerned are hereby enjoined to support this activity
- 4 For more details please refer to the attached National Office Memorandum No 64 and 86 s 1998 of the Boy Scouts of the Philippines
- 5 Immediate and widest dissemination of this Memorandum is hereby enjoined

Andrew Gonzalez
ANDREW GONZALEZ FSC
 Secretary

Incls As stated
 Reference None
 Allotment 1-3—(D O 50-97)
 To be indicated in the Perpetual Index under the following subject

✓ **SCOUTING**

(1)

BOY SCOUTS OF THE PHILIPPINES
National Office
Manila


03 December 1998

National Office Memorandum
No 86 s 1998

To All Regional Directors Council Scout Executives
and Officer In Charge

Subject **CHANGE OF VENUE 1st NATIONAL SCOUT VENTURE
CAMP**

- 1 Please be informed that the 1st National Scout Venture Camp will now be held at Ilian Hills, San Nicolas, Iriga City, from February 15 1999
- 2 The registration fee of P350 00 shall be paid on or before 15 January 1999 together with the application forms
- 3 For more particulars about the Venture Camp please refer to National Office Memorandum No 64 s 1998 issued last September 2 1998
- 4 For your information and guidance


CARLOS C ESCUDERO
Secretary General

Boy Scouts of the Philippines
1ST NATIONAL SCOUT VENTURE
 Ilian Hills San Nicolas Iriga City
 01 05 February 1999

GENERAL PROGRAM OF ACTIVITIES

DATE / DAY TIME	FEBRUARY 01 1999 (Monday)	FEBRUARY 02 1999 (Tuesday)	FEBRUARY 03 1999 (Wednesday)	FEBRUARY 04 1999 (Thursday)	FEBRUARY 05 1999 (Friday)	
M O R N I N G	0600H ARRIVAL / REGISTRATION	WAKE UP / WASH UP / BREAKFAST / CAMP INSPECTION / FLAG CEREMONY				
	0700H					
	0800H					
	0900H	VENTURE EXPEDITION				
	1000H	Scouts Mountaineer	Cycling Tour	Marksmanship	Regular Activities	
	1100H	Sea Scouts	Scout Firemanship	Community Service	Orienteering	
		Scuba		Vocational Exploration	Adventure Trail	
A F T E R N O O N	1200H	L U N C H				
	1300H					
	1400H					
	1500H	VENTURE EXPEDITION				
	1600H	Scouts Mountaineer	Cycling Tour	Marksmanship	Regular Activities	
	1700H	Sea Scouts	Scout Firemanship	Community Service	Orienteering	
		Scuba		Vocational Exploration	Adventure Trail	
E V E N I N G	1800H	PROGRAM / STAFF MEETING / DINNER				
	1900H					
	2000H					
	2100H	NIGHT OF STARS and IRIGA CITY CULTURAL SHOW	MINDANAO NIGHT DISCO SAILIAN	LUZON NIGHT VISAYAS NIGHT	MAYORS NIGHT Sponsored by The City Government SCOUT CONCLAVE	
	2200H	CLOSING CEREMONY				

Boy Scouts of the Philippines
1ST NATIONAL SCOUT VENTURE
 Ilian Hills San Nicolas Inga City
 February 1 5 1999

NATIONAL SCOUT VENTURE REGISTRATION FORM

(Please type or print legibly)

Region _____ Date _____
 Local Council _____

Name _____ Nationality _____
First Middle

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Religion _____ Telephone No _____

Mailing Address _____

Father's Name _____ Mother's Name _____

Sponsoring Institution (SI) _____ Address _____ Telephone No _____

Scouting Position _____ Outfit No _____ Rank _____ Membership Card No _____ Expiration Date _____

Camping Jamboree & Training experiences

Title	Venue	Inclusive Dates
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

I transmit herewith
 the full NATIONAL SCOUT VENTURE FEE of ₱= 350.00
 Reservation Fee of ₱= 150.00

I do hereby agree to exert my very best to be worthy as a representative not only of the Boy Scouts of the Philippines but also of my Council thru my strict observance of the Scout Ideals as embodied in the Scout Oath and Law

And as a faithful delegate I shall obey and cooperate with NATIONAL SCOUT VENTURE Officials/Leaders who have been authorized to exercise all actions necessary to maintain the prestige of my Council in particular and the Boy Scouts of the Philippines in general

 Applicant's signature

APPROVAL OF PARENTS OR GUARDIANS
 (For applicants of minor age)

We 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/BSI provided adequate safety measures and precautions have been instituted in connection with the participation of my son in the 1ST NATIONAL SCOUT VENTURE

We further agree that said Scout meet the health requirements which includes his examination by a Medical Officer who will use the form provided by the National Office BSP for this purpose and to obtain certification from the school authorities attesting to his academic standing

Date _____

 Father/C Guardian
 (Signature over printed name)

 Mother/C Guardian
 (Signature over printed name)

ACTION OF THE LOCAL COUNCIL

We hereby certify that the above applicant has met all the requirements for participation in this Scout event as set forth by the National Office of the Boy Scouts of the Philippines. We have personally interviewed the above applicant and found him physically fit and qualified to be a member of the Contingent. He is currently registered and on the basis of his record of satisfactory Scouting experience and his cooperative attitude towards his fellow Scouts/Scouters, we recommend his acceptance as a member of the delegation.

 Outfit Advisor
 (Signature over printed name)

 Institutional Head
 (Signature over printed name)

Date _____

 Council Scout Executive

VENTURE Fee	
<input type="checkbox"/> Full Payment Fee	₱= 350.00 OR# _____
<input type="checkbox"/> Reservation Fee	₱= 150.00 OR# _____
<input type="checkbox"/> Balance	₱= 200.00 OR# _____

Distribution 1 National Office 2 Local Council 3 Applicant

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"/> Recurrent Diarrhea | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Diabetes | |

Have had (check if yes)

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Chicken Pox |
| | <input type="checkbox"/> Whooping cough |

Y E A R

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATIONS

Date of Last inoculation

Date of last inoculation

- | | |
|----------------------|-----------------------------|
| Smallpox _____ | Polio (shots or oral) _____ |
| 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 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 EXAMINATION

TO PHYSICIAN Your careful examination and written recommendations 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 and Hiking Water sports Competitive sports

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

Signed _____ Signed _____
Examiner Physician and License No

Boy Scouts of the Philippines
NATIONAL OFFICE
Manila

02 September 1998

NATIONAL OFFICE MEMORANDUM
NUMBER 64 s 1998

TO **Regional Scout Directors, Council Scout Executives
and Officers in Charge**

SUBJECT **FIRST NATIONAL SCOUT VENTURE '99**

- 1 We are pleased to announce that the Boy Scouts of the Philippines in coordination with the Bicol Region will conduct the First National Scout Venture for Senior Scouts in Camp Rodriguez Santos Cadlan Palestina Pili Camarines Sur on 15 February 1999
- 2 This once in a lifetime experience for Senior Scouts will encourage them to take part in various challenging enjoyable and advancement oriented activities
- 3 Objectives The National Scout Venture aims to
 - a provide meaningful teenage activities that will develop in a progressive manner desirable virtues such as honesty trustworthiness industry and perseverance that will enhance their social acumen for cooperation teamwork and coordination
 - b undertake a variety of challenging physical and mental activities which will contribute to their personal development
 - c develop greater awareness of the spiritual dimension of Scouting and
 - d foster the value of friendship understanding brotherhood and camaraderie of Scouting Movement
- 4 Participation requirements
 - a Scouts must be currently registered Senior Scout 13 to 17 1/2 years of age during the event a holder of at least the Outdoorsman Rank physically fit as certified by a physician with sufficient camping experience with approved parent s/guardian s permit and equipped with adequate camping gears
 - b Scouters must be duly registered with the BSP preferably an ATC graduate certified to have served as UL or AUL for at least 2 years of good moral character physically fit as certified by a physician a trained camper with at least two years

camping experience
equipped with adequate camping gears

- 5 Activity Fee Every participant (Scout/Scouter) shall pay an Activity Fee of Three Hundred Fifty Pesos Only (Php350 00) to cover costs of souvenir items program materials and other operational budgetary needs
- 6 Local Councils/Contingents are expected to manage their own a) Jamboree funding requirements b) camping gears (shelter cooking & eating utensils camp tools/equipment etc) c) transportation requirements to and from the Venture site and d) sufficient food supply to last for the duration of the event and the travel period to and from the campsite

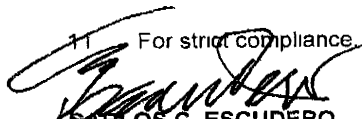
7 The minimum participation quota per region shall be

	Scout Quota (1% of Membership)	Adult Quota (Ratio)	TOTAL
Ilocos Region	347	39	386
Northeastern Luzon Region	355	39	394
Central Luzon Region	299	33	332
National Capital Region	798	88	886
Southern Tagalog Region	1360	151	1511
Bicol Region	2000	222	2222
Western Visayas Region	567	63	630
Eastern Visayas Region	537	59	596
Western Mindanao Region	319	35	354
Eastern Mindanao Region	756	84	840
TOTAL	7338	813	8151

1% of total Scout Membership (except Bicol Region) as of December 1997

- 8 A non refundable but transferable deposit of P200 00 per participant must be paid to the National Office BSP thru the Local Council Cashier on or before 30 November 1998 to ensure the acceptance of the application Full payment of the balance of P150 00 shall be paid on or before 15 January 1999
- 9 Attached is a copy of the National Venture Registration Form which you can reproduce to meet your local needs
- 10 A thorough and extensive information dissemination of this memorandum will be highly appreciated

11 For strict compliance


CARLOS C. ESCUDERO
Secretary General

Enclosures As stated