



# GIRL SCOUTS OF THE PHILIPPINES

Visayas Region

Bohol Girl Scout Council

**COUNCIL CIRCULAR NO. 19**

**Series of 2019**

**TO : ALL CHAIRMEN, GIRL SCOUT AREAS, DISTRICT/BARANGAY SCOUTING COMMITTEES, SCHOOLS DISTRICT SUPERVISORS, CENTRAL/SCHOOL PRINCIPALS, HEAD TEACHERS, DISTRICT FIELD ADVISERS AND TROOP LEADERS FOR PUBLIC AND PRIVATE SCHOOLS ALL MUNICIPALITIES AND TAGBILARAN CITY**

**SUBJECT : 2019 REGIONAL JUNIOR, SENIOR AND CADET CAMP**

**DATE : SEPTEMBER 5, 2019**

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Bohol Girl Scout Council is pleased to announce that this year's **Regional Junior, Senior and Cadet Camp** with the theme "**Girls in Action for Leadership and Service**" will be held on **October 19-24, 2019** at **Marina Yulo Vargas Regional Program and Training Center (MYVRPTC)**, Barangay Kalunasan, Cebu City.

Pertinent details of said regional camp are as follows:

### **Campers**

- Junior – Four (4) Girls per Area
- Senior/Cadet – Eight (8) Girls per Area

### **Qualifications of Campers**

- Must be registered Junior, Senior and Cadet Girl Scouts as of November 30, 2019.
- Must be physically fit and alert as certified by a licensed physician.
- Must have earned at least one badge under the challenge of Spirituality & Well-being, Environment, Preparedness, Arts and Heritage & Citizenship

### **Subsidized Camp Fee**

**Four Thousand Two Hundred Pesos (P 4,200.00)** per camper to cover for food, accommodation, transportation, program materials, souvenirs with t-shirt, and tours.

Camp Registration Fee can be charge against Division/School Maintenance and Other Operating Expenses (MOOE), District share of SMFC tickets, local and other sources of funds subject to the usual accounting and auditing rules and regulations.

## Pre-Campference

All campers, complete with the things to bring, must be at the Council Program and Training Center in Tamblot Street, Tagbilaran City on October 19, Saturday at 8:00 A.M.

## Departure Dates

- October 19, Saturday at 10:00 P.M. – Tagbilaran City to Cebu City via Lite Shipping
- October 24, Thursday at 10:00 P.M. – Cebu City to Tagbilaran City via Lite Shipping

## Activities

Junior – Adventure Games, Friendship Band-Making, Arts – Painting/Designing, Sessions on Action on Body Confidence (ABC), Drug Awareness, Spirituality and Well-Being, Martial Arts, Council Extravaganza, Campfire, Scout's Own and Tour

Senior & Cadet – Obstacle Games, Rock-climbing/Rappelling, Sessions on Action on Body Confidence (ABC), Drug Awareness, Spirituality and Well-Being, Martial Arts, Arts–Painting/Designing, Council Extravaganza, Adventure Games, Campfire, Scout's Own and Tour.

## Things To Bring:

<b>Individual/Personal Things</b>	
Two (2) sets of Official Uniforms Complete with GS paraphernalia & GS Cap	Set of eating utensils (plastic plate, spoon, fork, cup & saucer, knife, napkin all these placed in a drawstring bag)
Two (2) sets of Camp Uniforms with green socks	Outdoor beddings: oil cloth & blanket
GSP Jogging Pants	Bedrolls/Sleeping Bag
Close Black shoes, rubber shoes, slippers	GS/Swiss Knife
Shoe Polish Kit	Flashlights
Comfortable working clothes	Water canteen/plastic tumbler
Sleeping Garments (preferably pajamas)	Sit-upon
Several changes of underwear	Sewing Kit
Face and Bath Towel	Writing Materials
Casual Dress	Rain Coat
Black Tights & Leotard	Native Costume
Physical Fitness Outfit	Medical Certificate and Parent's Consent
Art Materials	
<b>Patrol Equipments/Miscellaneous</b>	
One (1) set square tent per patrol for quarters	Plastic bag (large) for litters enough for the duration
Fly Tent	Kaper's Chart
Cooking Utensils	First Aid Kit
Water jug/container	Kerosene lantern/emergency lamp for quarters, dining and kitchen
Pails/dippers, basins	List of Contingents
Materials for light gadgets	Bolo/trowel, stick broom

All campers must use duffel bags and backpacks for their things. Trolley bags are strictly not allowed.

**Forms**

Enclosed are the Application Form and Health Examination Form. Duly accomplished forms, together with the troop registration form of the participating campers, must be submitted to the Council on or before October 6, 2019.

Wide dissemination is highly desired.

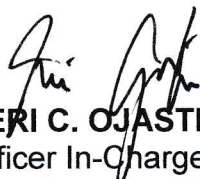
We look forward to your usual support and participation to this Regional event.



**PRISCILLA MOONYEEN P. MONTAÑEZ**  
Council Executive



**ANNE MARIQUIT D. OPPUS**  
Council President



**NERI C. OJASTRO, Ed. D., CESE**  
Officer In-Charge  
Asst. Schools Division Superintendent  
DepEd Tagbilaran City Division  
GS Council Commissioner for Administration



**NIMFA D. BONGO, Ed.D., CESO V**  
Schools Division Superintendent  
DepEd Bohol Division and  
GS Council Commissioner for Administration

GIRL SCOUTS OF THE PHILIPPINES  
VISAYAS REGIONAL OFFICE  
Marina Yulo-Vargas Regional Program & Training Center  
Barangay Kalunasan, Cebu City

**APPLICATION FORM**  
(GIRL)

Event: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL DATA:

Name:

\_\_\_\_\_

LAST MIDDLE FIRST

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Home Address: \_\_\_\_\_

Troop Number: \_\_\_\_\_ Council: \_\_\_\_\_ Date of Last Registration: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Number of Years in Scouting: \_\_\_\_\_

Camps/Special Events Attended:

<u>Event</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

In emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PARENT'S CONSENT**

This is to certify that I have given full consent for my daughter \_\_\_\_\_ to participate at the \_\_\_\_\_.

I have considered the benefits that my daughter will derive from her participation in this activity with the understanding that every precaution is to be taken to ensure her safety.

I shall not hold the Girl Scouts of the Philippines or its representative responsible for any untoward accident that may happen beyond their control. Her physical fitness is assured in a medical examination.

\_\_\_\_\_ Signed: \_\_\_\_\_  
Date Parent/Guardian

**CERTIFICATION & ENDORSEMENT**

We hereby certify that the applicant has met all requirements for participation in this event.

\_\_\_\_\_ Troop Leader  
\_\_\_\_\_ Council President \_\_\_\_\_ Council Executive

**GIRL SCOUTS OF THE PHILIPPINES  
NATIONAL HEADQUARTERS  
MANILA**

**HEALTH EXAMINATION FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
                   Surname                  First                  Middle

Parent Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
                                           Street & Number                                          Town/City                                          Province

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

HEALTH HISTORY: (check - giving approximate dates)

Frequent Colds \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Chickenpox \_\_\_\_\_

Abscessed Ears \_\_\_\_\_ Convulsion \_\_\_\_\_ Mumps \_\_\_\_\_

Fainting \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Frequent Sore Throats \_\_\_\_\_ Measles \_\_\_\_\_

Sinusitis \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Bronchitis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Stomach Upset \_\_\_\_\_ Athlete's Foot \_\_\_\_\_

Constipation \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Operations or serious injuries \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergic Reactions:  
                   Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_

Details of above or additional information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_  
                                                   Restricted? \_\_\_\_\_

**IMPORTANT :** Please notify the camp if this applicant is exposed to any communicable disease during the three weeks prior to camp attendance.

Suggestions from Parent/Guardian

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

in case of Surgical Emergency  
 : I hereby give permission to the physician  
 : selected by the camp director to hospitalize,  
 : secure prior treatment for, and to order  
 : injection, anesthesia or surgery for my  
 : daughter as named above.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

PHYSICAL EXAMINATION - to be filled out by licensed physician

Code V - Satisfactory

X - Not Satisfactory (explain)

Height _____	Blood Pressure _____	Circulatory System _____	Blood Analysis _____
Weight _____		Urinalysis _____	
Eyes _____		Loco-motor System _____	
Eye glasses _____		Nervous System _____	
Ears _____		Skin _____	
Nose _____		Allergy - Please specify _____	
Throat _____			
Teeth _____			
Heart _____		General Appraisal _____	
Lungs _____		Menstrual History _____	
Abdomen _____			
Genitalia _____			
Kernia _____			

Recommendations and restrictions (diet, medicine, swimming, diving, etc.)

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Immunizations:

D.P.T Series _____	Booster _____	Date _____	Tetanus Booster _____	Date _____
Typhoid Series _____	Booster _____	Date _____	(if requires by camp)	
Small Pox _____		Date _____		

\_\_\_\_\_  
Examining Physician

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_