



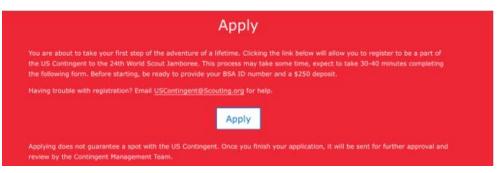
BSA Youth Registration Tip Sheet

*Some images in this document represent the English version only. There are several instances throughout the system where verbiage is represented in English, Spanish and French. *

To begin the application process, visit: http://wsj2019.us/apply/

Throughout this document, all personal data has been blocked from view for privacy

Scroll to the bottom of the screen and click on the "Apply" button.





24th World Scout Jamboree

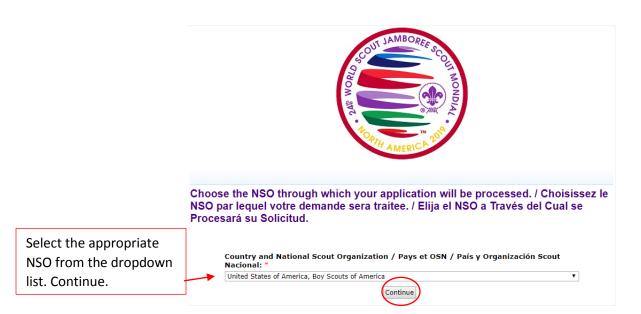
July 22 - August 2, 2019

Welcome to the 2019 World Scout Jamboree registration site!

Bienvenue au Jamboree Scout Mondial!

Bienvenido al Jamboree Scout Mundial!

Select "Register Now" REGISTER NOW! / INSCRIRE MAINTENANT! / IREGÍSTRATE AHORA!





Click the "Register for the 2019 WSJ

Contingent" link to

proceed.

BSA

my Scouting **Existing** my.Scouting 24th World Scout Jamboree / Jamboree Scout Mondial users: Enter This is the place to sign up for the 24th World Scout Jamboree! To submit a NEW application, you will need a My.Scouting username and password. If you do not have a My.Scouting account, use the Create Account button below to create an account. the username BE SURE TO READ THIS IMPORTANT INFORMATION BEFORE CONTINUING and password The My. Scouting account needs to be in the name of the person attending the World Scout Jamboree, not the parent/guardian that is completing the application for a youth participant. associated with your The membership number linked to the World Scout Jamboree application will be linked through the entire process, including the World Scout Jamboree medical process. account. New **Create Account** my.Scouting users: Follow the prompts to create an account.





24th World Scout Jamboree

July 22 - August 2, 2019

BSA YOUTH Registration

You are a **YOUTH** if you were born between 22 July 2001 and 21 July 2005.

A \$250 deposit is required prior to submitting your application.

Select "Register Now"

Email Registration Assistance



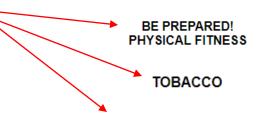
The resulting page displays the detail of the policies referenced here. Review the policies before checking the "I Agree" box at the bottom of the page.

Select "Continue" at the bottom of each page.

This document offers identical content in three languages: English, French, and Spanish. Agreeing to the document is required of all participants. / Ce document offre un contenu identique en trois langues: anglais, français et espagnol. L'acceptation du document est requise pour tous les participants. / Este documento ofrece contenido identico en tres idiomas: inglés, francés y español. Se requiere que todos los participantes acepten el documento.

English (Français suivant, Español sigue)

2019 World Scout Jamboree Youth Qualifications



ALCOHOL AND DRUGS

I have read and agree to adhere to the guidelines of participation as outlined in the statements above. I agree that I am at least 18 years of age or, if not, that I am the parent or legal guardian acting on behalf of my child or ward who is under 18 years of age, and have full right, power, and authority to agreement to terms and conditions set forth herein. / He leído y estoy de acuerdo con cumplir las reglas de participación tal y como están enunciadas en los párrafos anteriores. Afirmo que tengo por lo menos 18 años o, si no, que soy el padre o tutor representando a mi hijo o al menor a mi cargo que tiene menos de 18 años y tengo todos los derechos, facultades y autoridad para dar mi consentimiento a los términos y condiciones aquí establecidos. *





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The resulting page displays the detail of the policies referenced here. Review the policies before checking the "I Agree" box at the bottom of the page.

English (Français suivant, Español sigue)

2019 WORLD SCOUT JAMBOREE MEDICAL CONSENT FORM

2019 WORLD SCOUT JAMBOREE RISK ACKNOWLEDGEMENT AND CONSENT FORM (Liability Limitations, Restrictions and Responsibilities, Risk Acknowledgement, Code of Conduct Acknowledgement, Media Release)

...

2019 WORLD SCOUT JAMBOREE PUBLICITY AUTHORIZATION AND RELEASE

2019 WORLD SCOUT JAMBOREE
CODE OF CONDUCT

I agree to the terms and conditions set forth herein in their entirety; including but not limited to the Medical Consent Form, Risk Acknowledgement, Code of Conduct, Publicity Authorization and Release, as well as other statements set forth above. I agree that I am at least 18 years of age or, if not, that I am the parent or legal guardian acting on behalf of my child or ward who is under 18 years of age, and have full right, power, and authority to agreement to terms and conditions set forth herein. / Doy mi consentimiento a los términos y condiciones establecidos en este documento por entero; incluyendo pero no limitado al Formulario de Consentimiento Medico, Reconocimiento de Riesgos, Código de Conducta, Autorización de Publicidad y Liberación de Responsabilidad, así como otras declaraciones aquí contenidas. Acepto tener por lo menos 18 años cumplidos o, si no, ser el padre o tutor legal actuando en representación del menor de 18 años y tener pleno derecho, facultad y autoridad para comprometer mi voluntad en este acuerdo sujeto a los términos y condiciones aquí contenidos. **

I Agree / Estoy de acuerdo

Continue

Email Registration Assistance



BSA YOUTH Registration

On the next two screens, answer all questions marked required with the "*". All optional questions are up to the discretion of the applicant. Some profile fields will be pre-populated from data found in the my. Scouting account of the applicant.

Select "Continue" at the bottom of each page.

		▼
BSA Member Number	als:	
BSA Membership Expiration Date	*	
Home Unit Type	ole 🔻	
Home Unit Number (Enter 000 if Non Unit Registered Scouter or BSA Employee)	**	

ENGLISH: I agree and understand that, upon my NSO approval as a member of the contingent, I will travel with my contingent both to and from the World Scout Jamboree to one of the three official World Scout Jamboree entry points: Charleston, WV, airport code CRW; Charlotte, NC, airport code CLT; or Prince, WV, Antrak rail station code PRC. Transportation will ONLY be provided from these locations into the Summit Beachtel Reserve with a return shuttle to these same locations into the Summit Beachtel Reserve with a return shuttle to these some locations into the Summit Beachtel Reserve with a return shuttle to these some locations into the Summit Beachtel Reserve with a return shuttle to these some contingent of the provided from these locations into the Summit Beachtel Reserve with a return shuttle to these some event or in returning home. I also agree and understand that I am expected to arrive on Participant Arrival day (22 July 2019) and depart on Participant Departure Day (2 August 2019). / FRANCAIS: Je comprends que, une fois que mon contingent à la fois du Jamboree Scout Mondial et de l'un des trois points d'entrée officiels du Jamboree Scout Mondial charleston, WV, code d'aéroport CRW, Charlotte, NC, code d'aéroport CLT, o Prince, WV, station de chemin de fer Amtrak, code PRC Le transport sera fourni SEULEMENT depuis ces points jusqu'à la Summit Bechtel Reserve avec navette de retour vers ces mêmes lieux. Aucun autre transport n'est assuré. Si je n'organise pas mes transports, je risque d'être sans transport pour me rendre au camp, être en retard pour l'événement et pour mon retour chez moi. Je comprends et accepte également que je dois travailler en permanence jusqu'ai jour de départ des participants (2 août 2019) / ESPAÑOL: Estoy de acuerdo y entiendo que, una vez obtenida la aprobación de mi OSN como miembro de la delegación, yo viajaré con mi delegación desde y hacia uno de los tres puntos de entrada oficiales del Jamboree Scout Mundial : Charleston, WV, código de aeropuerto CRW e Charlotte, NC, código

Participantes (2 de ago	e julio de 2019) y que trabaje hasta el Día de Salida de los sto de 2019). *
☐ I Agree / J'accepte / E	stoy de acuerdo
Legal First Name	*
Legal Middle Name	
Legal Last Name	*
Suffix	▼
BADGE Name (First/Last)	*
Profile Photo (Passport style photo 500x600 pixel, .jpeg or .png, showing head and shoulders only. Must upload by March 1, 2019. Gender	Choose File No file chosen
Date of Birth	*
Ethnic Background:	* 🔻
Address Line 1	*
Address Line 2	
City	*
State/Province	* 🔻
Zip Code	*
Country	■ United States ▼
Home Phone with Country Code	-
Mobile/Hand Phone with Country Code	*
Email	*
Confirm Email	*
Parent/Guardian Name	.*
Parent/Guardian Phone with Country Code	*
Parent/Guardian Email	*
Confirm Parent/Guardian Email	*
	Continue
	Email Registration Assistance



Emergency Contact Information

IMPORTANT: Emergency contacts should not be Jamboree attendees. Where possible, mobile/hand numbers are preferred Primary Emergency Contact Name / Nombre del Contacto de Emergencia Principal Primary Emergency Contact Relationship / Parentesco con el Contacto de Emergencia Principal * Primary Emergency Contact Phone Number / Teléfono del Contacto de Emergencia Secondary Emergency Contact Name / Nombre del Contacto de Emergencia Secundario * Secondary Emergency Contact Relationship / Parentesco con el Contacto de Emergencia Secundario * Secondary Emergency Contact Phone Number / Teléfono del Contacto de Emergencia Secundario $\ensuremath{^*}$ Additional Information / Information Additionnelle / Información Have you earned your National Scouting Organization's highest youth Scouting O Yes O No Height (m) *metric converter at http://www.metric-conversions.org/metric-conversion-table.htm* $^{\circ}$ Weight (kg) *metric converter at http://www.metric-conversions.org/metric-conversion-table.htm* * Shirt Size (USA sizes) / Taille de Chemise Selon les Normes US / Talla de camisa en los EE.UU.: $^{\circ}$ Size / Taille / Tamaño ▼ Dietary Needs (Filling out this form does NOT constitute a food request. Rather, it helps the food team gather the information needed to plan food availability for unit grocery stores and IST dining.) / Besoins Diététiques (Remplir ce formulaire ne constitue PAS une demande de nourriture. Plutôt, cela aide l'équipe alimentaire à recueillir les informations nécessaires pour planifier la disponibilité des aliments pour les épiceries et les restaurants IST.) / Necesidades Nutricionales (El llenado de este formulario NO constituye una solicitud de comida, sino que ayuda al equipo de alimentos a recolectar la información necesaria para planificar la disponibilidad de alimentos para las tiendas de comestibles de la unidad y los restaurantes IST). * ■ None / Aucune / Ninguno Gluten Free / Sans Gluten / Libre de Gluten ── Vegan / Végan / Vegano Uegetarian / Végétarien / Vegetariano ■ Kosher / Casher / Kosher Halal / Halal / Halal ■ Food Allergies (Please specify) / Allergies Alimentaires (Veuillez préciser) / Alergias alimentarias (especifique) Mobility Needs / Besoins de Mobilité / Necesidades de Movilidad: (We may or may not be able to accommodate physical limitations other than those listed. Please email registration@2019wsj.org for additional information. / Nous pouvons ou ne pouvons pas être en mesure d'accepter des limitations physiques autres que celles énumérées. Veuillez envoyer un e-mail à registration@2019wsj.org pour plus d'informations. / Podemos o no ser capaces de acomodar limitaciones físicas que no sean las enumeradas. Por favor, envie un correo electrónico a registration@2019wsj.org para obtener información adicional.) * ■ None / Aucun / Ninguna Cane / Canne / Caña ☐ Crutch(es) / Béquille(s) / Muleta(s) ■ Electric Wheelchair / Fauteuil roulant électrique / Silla de ruedas eléctrica Manual Wheelchair / Fauteuil roulant / Silla de ruedas Scooter / Scooter / Scooter ■ Walker / Marcheur / Andador Other (Specify) / Autre (Spécifique) / Otro (Específico):





Verify or Edit Registration Information

Review all data for accuracy. Select

"Edit" to the right

Select "Continue"

at the bottom of the screen.

of each section

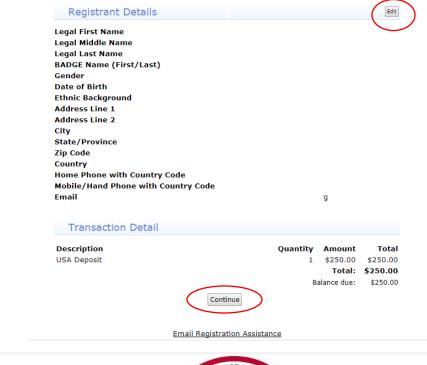
correction be

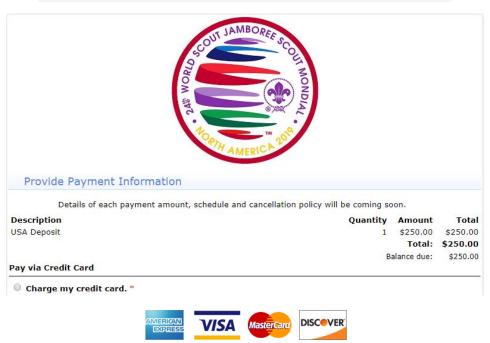
should a

needed.

- Please confirm that the information below is correct.
 Press the 'EDIT' button to change incorrect information.
 Scroll to the bottom to complete this registration.

Additional Information Primary Emergency Contact Name Primary Emergency Contact Relationship Primary Emergency Contact Phone Number Secondary Emergency Contact Name Secondary Emergency Contact Relationship Secondary Emergency Contact Phone Number Additional Information / Information Additionnelle / Información Adicional Highest Youth Scouting Rank Height (Meters) Weight (Kilograms) Shirt Size **Religious Preference WSJ Dietary Needs** Languages Spoken





Enter the credit card information for the required deposit of \$250.

Select "Continue" to process the required deposit. This will trigger the required parental consent process.

Credit Card Type * ▼
Name as it appears on card *
Credit Card # *
Credit Card Exp. Date * 🔻 / 🔻
The charge will appear on your credit card statement as "Boy Scouts of America"
The screen will turn into a printable receipt after this card has been approved. This process usually takes about 5 seconds.
A note about security: The information on this page is being transmitted securely using Secure Sockets Layers (SSL) to encrypt data. If the web address does not show "https://", it is because of the way your browser displays the frames of this page.

Email Registration Assistance

Continue

This email, containing an attachment with the Risk Acknowledgement and Medical Consent to Treat, is sent to the applicant, or if a youth to the parent/guardian email on the submitted application. The email contains instruction on how to complete the process, officially submitting the application for processing.



English (Français suivant, Español sigue)

Applicant:

The person named above has submitted an application to attend the **2019 World Scout Jamboree** at The Summit Bechtel Reserve in southern West Virginia. The dates of the Jamboree are 22 July - 2 August 2019. Please recognize that this is a once-in-a-lifetime experience for all, coming together with tens of thousands of other Scouts from all over the world to experience Scouting through aspects of leadership, adventure, friendship, service and sustainability.

In order for this registration to be considered and processed, it is necessary for us to obtain consent in advance regarding physical fitness, medical information and consent to treat, risk acknowledgement, code of conduct, and media release.

Attached to this email is the Consent & Acknowledgement form. Please click HERE to complete the process and agree with the conditions set forth in the risk acknowledgement. You will use the Registration Code:

Acknowledgement form. Please click HERE to complete the process and agree with the conditions set forth in the risk acknowledgement. You will use the Registration Code:

Clicking the link above and completing the Consent & Acknowledgement electronically is all that is needed. You do NOT need to print or send copies of this form.

Contact your National Scout Organization (NSO) directly for additional information, including regarding tour and cost to attend.

Thank You.

2019 World Scout Jamboree Registration



24th World Scout Jamboree July 22 - August 2, 2019

Consent & Acknowledgement Consentment à Traiter Consentimiento para Tratar

Please insert the Registration Code below in order to proceed.

Veuillez insérer le code d'inscription ci-dessous pour continuer.

Por favor, introduzca el Código de Registro a continuación para continuar.

Enter the Registration Code found in the email above.

Registration Code (include the dashes) *

CONTINUE / CONTINUER / CONTINUAR



Personal Profile / Profil Personnel / Perfil Personal

First Name / Prénom / Premier Last Name / Famille / Apellido Email / Email / Correo Electrónico Country / Pays / Pais

Medical Consent to Treat / Consentement Médical à Traiter / Consentimiento Médico para Tratar

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English (Français suivant, Español sigue)

Review the information displayed as well as the Risk Acknowledgment and Consent statements attached to, and displayed within the email above.

In case of an emergency, I understand that every effort will be made to contact the individual listed as the emergency contact person. If that person cannot be reached, I consent to the medical provider selected by the leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication. Medical providers, including both Jamboree and outside medical facilities and practitioners, are hereby authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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. I consent to the sharing of the information on this form with Jamboree leaders and professionals who need to know of medical conditions that require special consideration in connection with Scouting activities. I accept responsibility for providing accurate information regarding any physical or medical condition I may have. I further understand that it is my sole responsibility to adhere to all restrictions that may affect my ability to participate in the Jamboree, including any physical and dietary restrictions.

Consent & Acknowledgement / Consentement et Reconnaissance / Consentimiento y Reconocimiento

By selecting "YES" I confirm the following:

• FOR YOUTH: I am the legal parent/guardian of the above-named person.

. FOR ADULT: I am the above-named person.

- I understand an application for attendance at the 2019 World Scout Jamboree has been
- I give my permission for the above-named person to attend and for this application to be
- I received (attached to email) and have reviewed the Risk Acknowledgement in its entirety and as the legal parent/guardian or self, I confirm I agree with it.

Complete the required fields.

Selecting "Continue" will submit the application for processing.

Parent/Guardian/Self Consent / Consentement des Parents/Tuteurs / Consentimiento del Padre/Tutor

YES, I give consent. / OUI, je donne son consentement. / SÍ, doy su consentimiento ▼

Name of person granting consent / Nom de la personne qui accorde son consentement / Nombre de la persona que otorga el consentimiento: *

Relationship to person granting consent / Relation avec la personne accordant le consentement / Relación con la persona que otorga el consentimiento:

Select today's date / Sélectionnez la date d'aujourd'hui / Seleccione la fecha de

Continue / Continuer / Continuar



Printable View

Please print the confirmation below for your records

Consent & Acknowledgement Submission Confirmation

Thank you for completing the parental consent for this applicant Merci d'avoir complété le consentement parental pour ce candidat

Gracias por completar el consentimiento de los padres para este solicitante.

Registrant Details

First Name / Prénom / Premier Last Name / Famille / Apellido Email / Email / Correo Electrónico Country / Pays / Pais

Confirmation of successful submission.