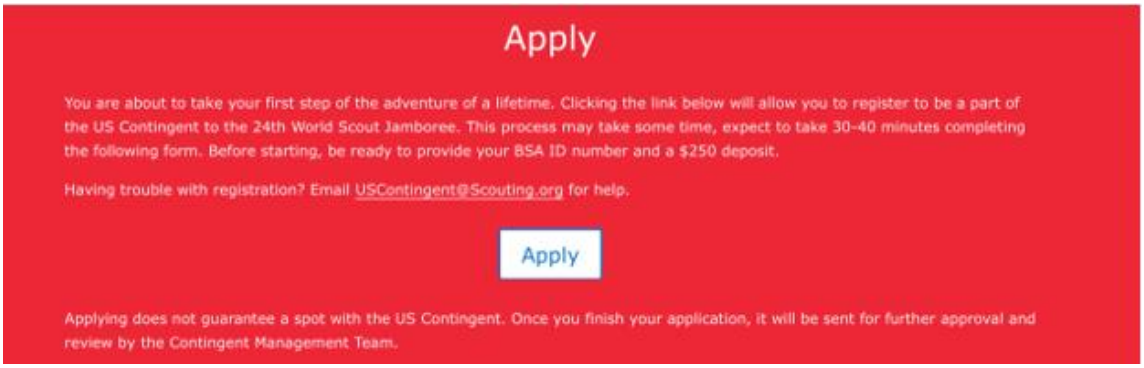
BSA Adult Registration Tip Sheet

*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

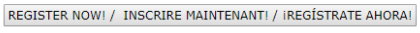
July 22 - August 2, 2019

Welcome to the 2019 World Scout Jamboree registration site!

Bienvenue au Jamboree Scout Mondial!

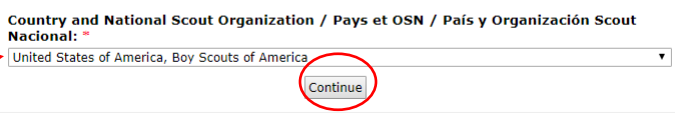
Bienvenido al Jamboree Scout Mundial!

Select "Register Now"



Choose the NSO through which your application will be processed. / Choisissez le NSO par lequel votre demande sera traitee. / Elija el NSO a Través del Cual se Procesará su Solicitud.

Select the appropriate NSO from the dropdown list. Continue.



Click the "Register for the 2019 WSJ BSA Contingent" link to proceed.

Existing my.Scouting users: Enter the username and password associated with your account.

New my.Scouting users: Follow the prompts to create an account.

2019 World Scout Jamboree

BSA Contingent Registration

Choose whether you will attend as a **YOUTH** (born between 23 July 2001 and 22 July 2005; less than 18 years of age on the first day of the Jamboree) or as an **ADULT** (born before 22 July 2001, 18 years of age or older on the first day of the Jamboree):

Select the age appropriate application link.

YOUTH: BSA Youth Registrant

ADULT: BSA Adult Registrant

24th World Scout Jamboree

July 22 - August 2, 2019

BSA ADULT Registration

You are an **ADULT** if you were born 21 July 2001 or before.

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

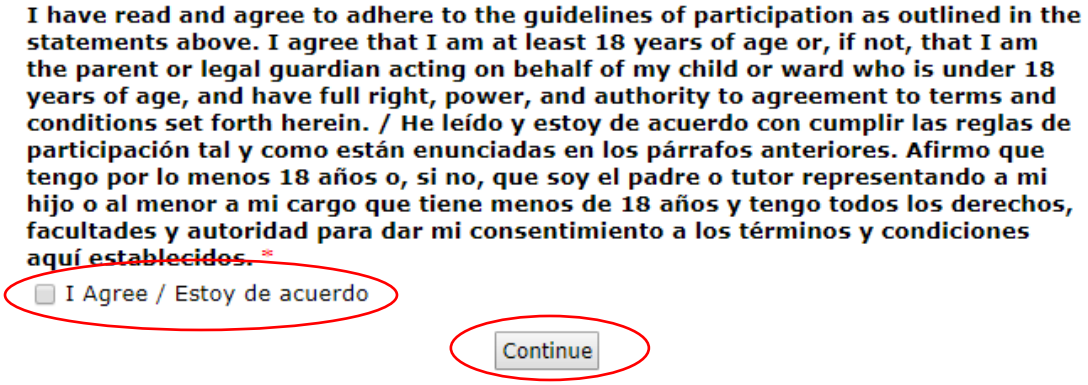
Select "Register Now"

REGISTER NOW!

Email Registration Assistance

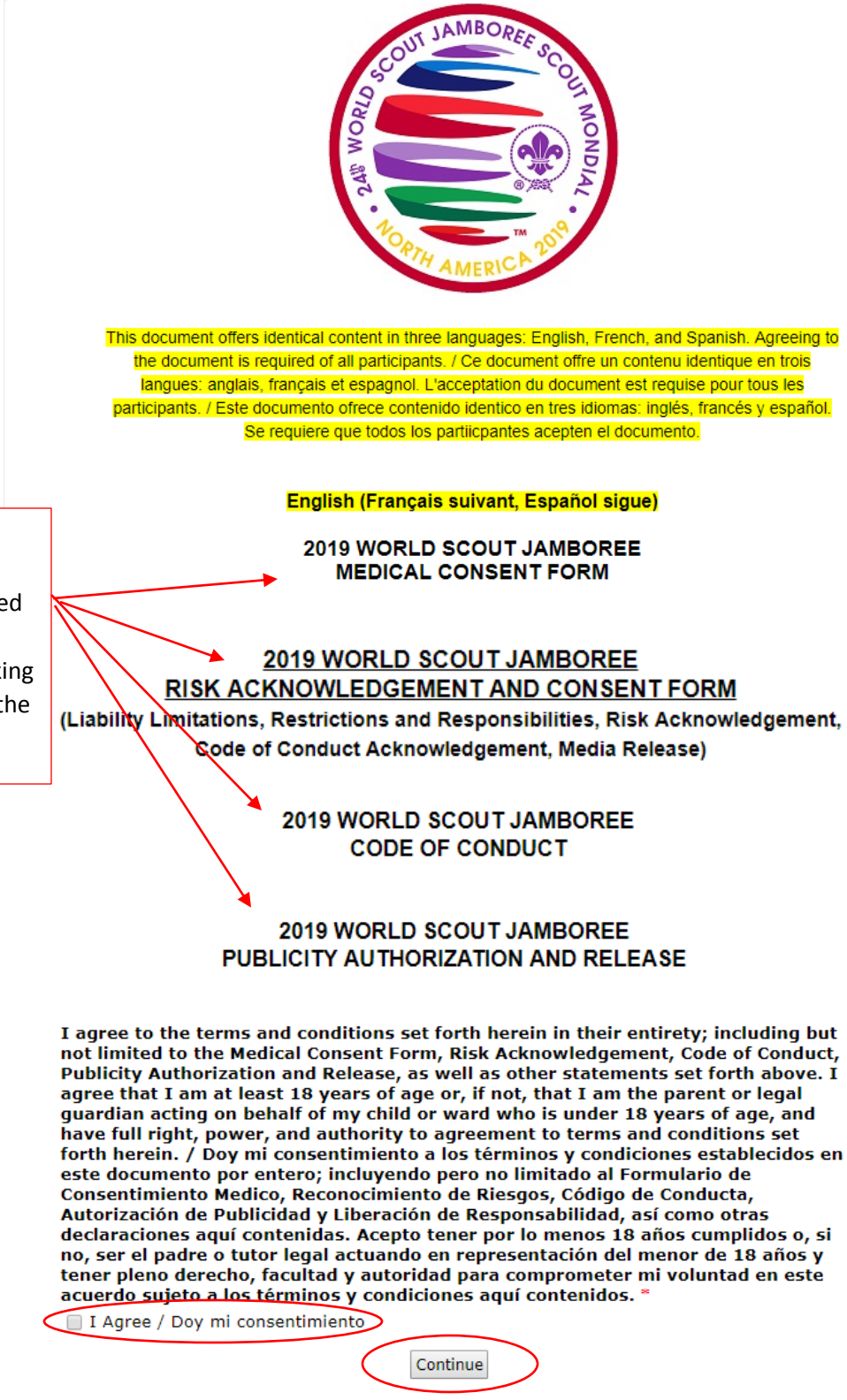
The resulting page displays the detail of the policies referenced here. Review the policies before checking the “I Agree” box at the bottom of the page.

Select “Continue” at the bottom of each page.



From this screen forward, a link can be found at the bottom of every screen to request assistance with the process.

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.



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 partiicpantes acepten el documento.

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)

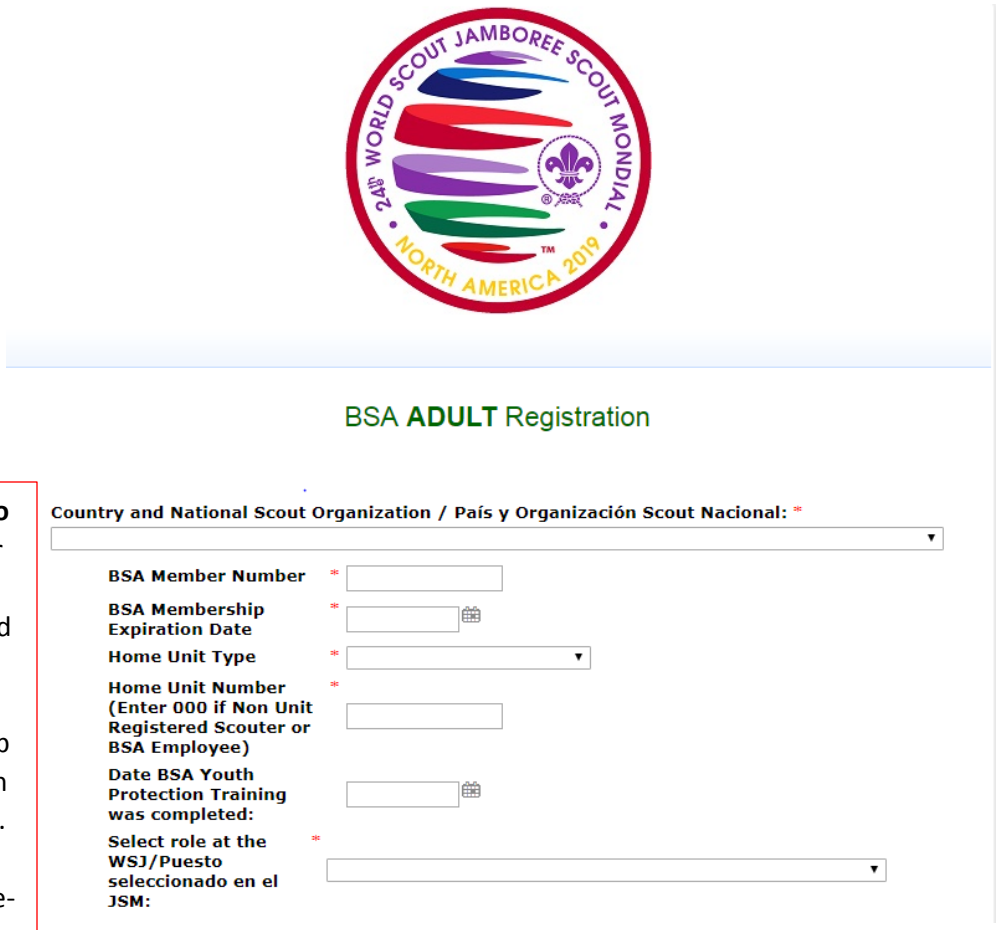
2019 WORLD SCOUT JAMBOREE
CODE OF CONDUCT

2019 WORLD SCOUT JAMBOREE
PUBLICITY AUTHORIZATION AND RELEASE

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 / Doy mi consentimiento

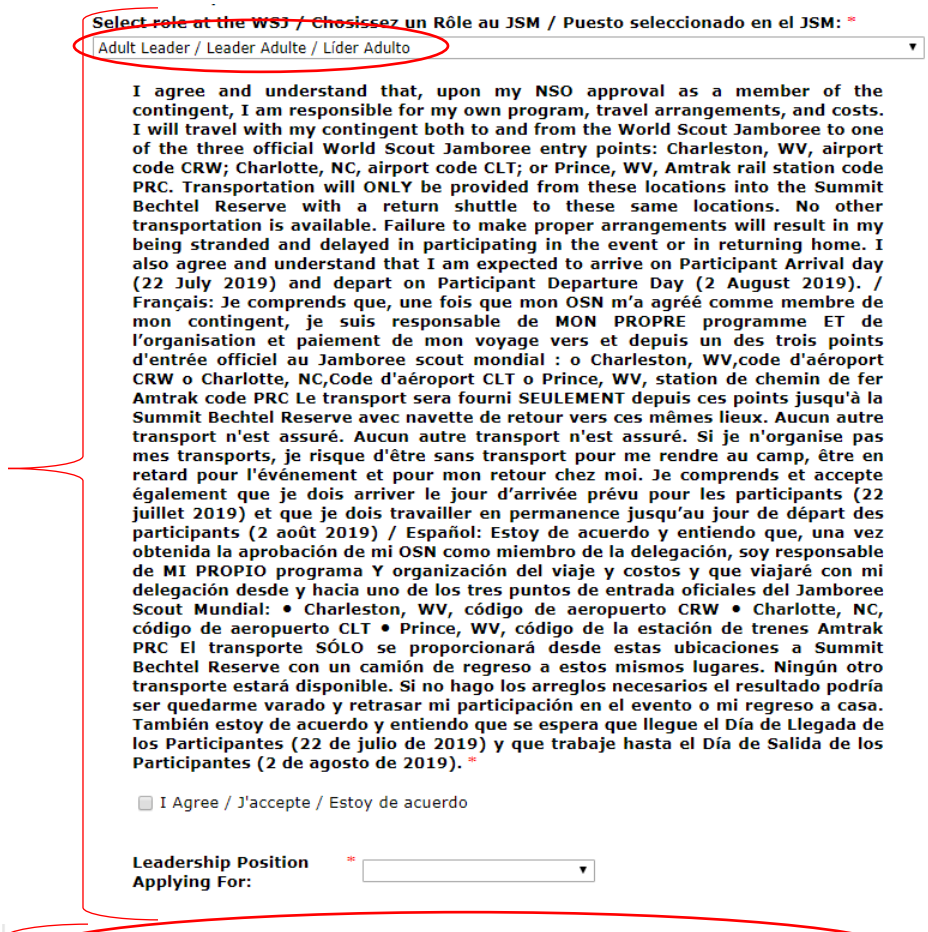
Continue



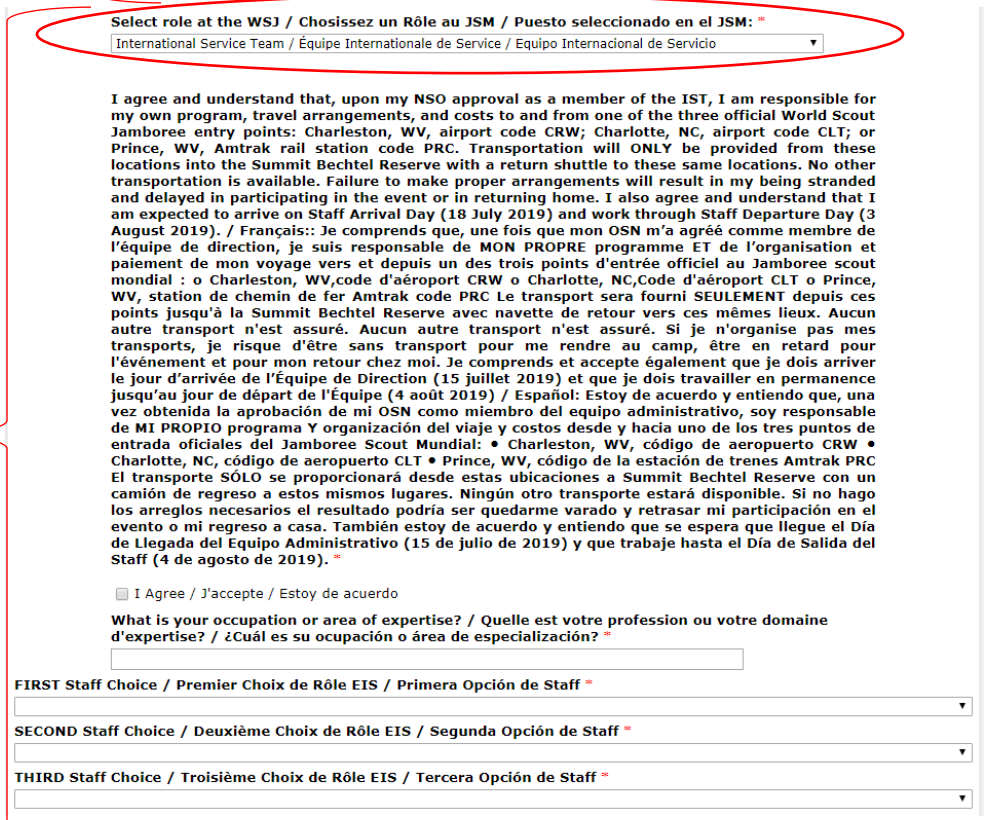
On the next two screens, answer all questions marked required with the "*". All optional questions are up to the discretion of the applicant. Some profile fields will be pre-populated from data found in the my.Scouting account of the applicant.

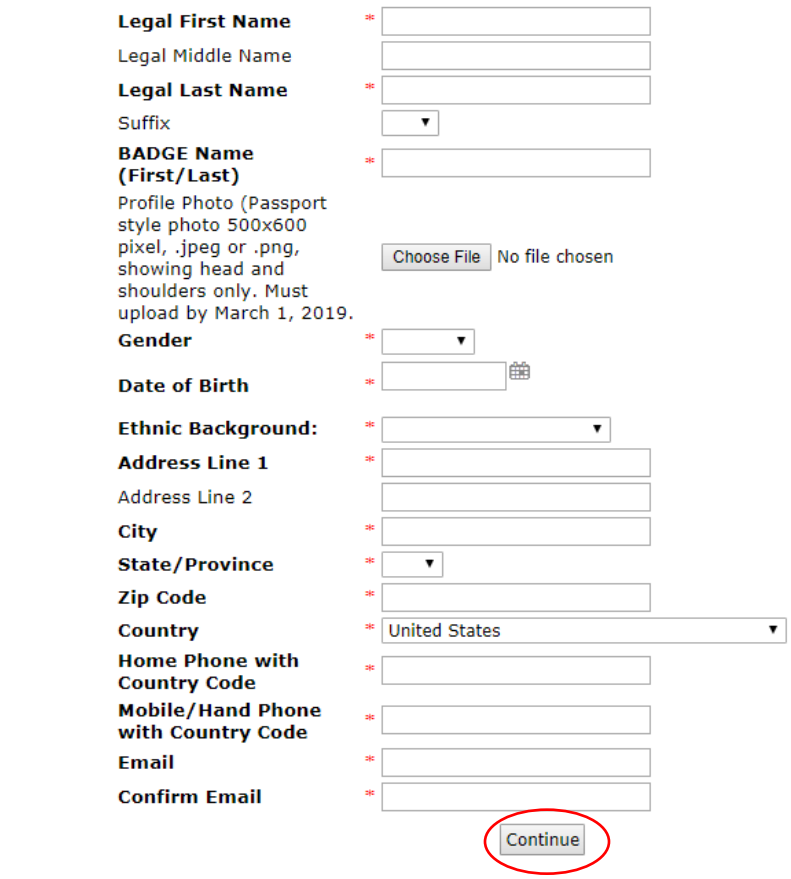
A different statement appears corresponding with the role that is selected above.

When Adult Leader is selected, the applicant then selects which leadership position they would like to be considered for.



When IST is selected, the applicant can select the top three areas of preference in which to serve. NOTE: This ability is a curtesy and is not a guarantee of position.




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.
Choose File No file chosen
Gender *
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 *
Continue
Email Registration Assistance

Emergency Contact Information

IMPORTANT: Emergency contacts **should not** be Jamboree attendees. Where possible, mobile 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 Principal *

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 *

Additional Information / Information Additionnelle / Información Adicional

Height (m) *metric converter at http://www.metric-conversions.org/metric-conversion-table.htm* *

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.: *

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
- ☐ Vegetarian / Végétarien / Vegetariano
- ☐ Kosher / Casher / Kosher
- ☐ Halal / Halal / Halal
- ☐ Food Allergies (Please specify) / Allergies Alimentaires (Veuillez préciser) / Alergias alimentarias (especifique)

Mobility Needs / Mobilité Information spéciale / Información Especial de Movilidad: (We may or may not be able to accommodate physical limitations other than those listed. Please email xyzabc/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 xyzabc/2019wsj.org pour plus d'informations. / Podemos o no ser capaces de acomodar limitaciones físicas que no sean las enumeradas. Por favor, envíe un correo electrónico a xyzabc/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):

Religious Preference / Préférence Religieuse / Preferencia Religiosa: *

Church of God

Languages Spoken (select all that apply) / Langues parlées (choisir ce qui s'applique) / Idiomas Hablados (selecciona todos los aplicables): *

- [ ] English / Anglais / Inglés
- [ ] French / Français / Français
- [ ] Spanish / Espagnol / Español

BSA Scouting Experience

Please Select the Appropriate BSA Employment Classification: *

- Select -

Total Years in Scouting / Número total de años en el Escultismo: *

Select One / Seleccione Uno

Have you earned your National Scouting Organization's highest youth Scouting rank? *

- (•) Yes
- ( ) No

What Previous Scouting Positions Have You Held? / ¿Qué Puestos has Tenido Previamente en el Escultismo? *

WSJ Experience / Expérience WSJ / Experiencia de WSJ

Previous WSJ Experience? / Expérience Précédente d'un JSM? / ¿Experiencia Previa JSM? *

- (•) Yes / Oui / Sí
- ( ) No / Non / No

Have you ever served as an adult leader at a WSJ? / Avez-vous déjà servi de chef adulte dans un WSJ? / ¿Alguna vez ha servido como líder adulto en un WSJ? *

- ( ) Yes / Oui / Sí
- ( ) No / Non / No

Which WSJ have you attended? / Dans quel WSJ avez-vous assisté? /¿A cuál WSJ asiste? *

- [ ] 21st WSJ - United Kingdom
- [ ] 22nd WSJ - Sweden
- [ ] 23rd WSJ - Japan

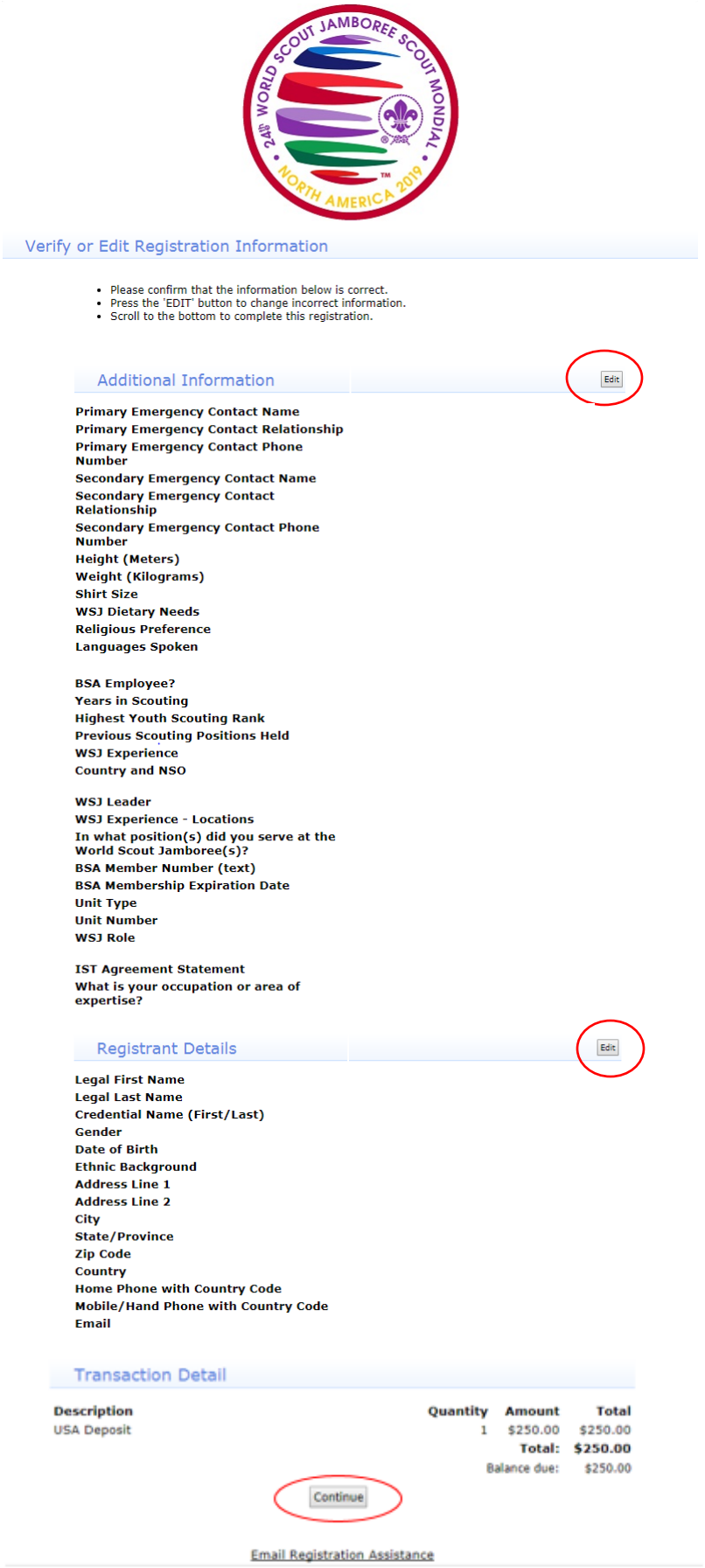
In what position(s) did you serve at the World Scout Jamboree(s)? / Dans quelle (s) position (s) avez-vous servi (e) au Jamboree Scout Mondial? / ¿En qué posición (s) trabajó (n) en el (los) Jamboree (s) Scout Mundial (es)? *

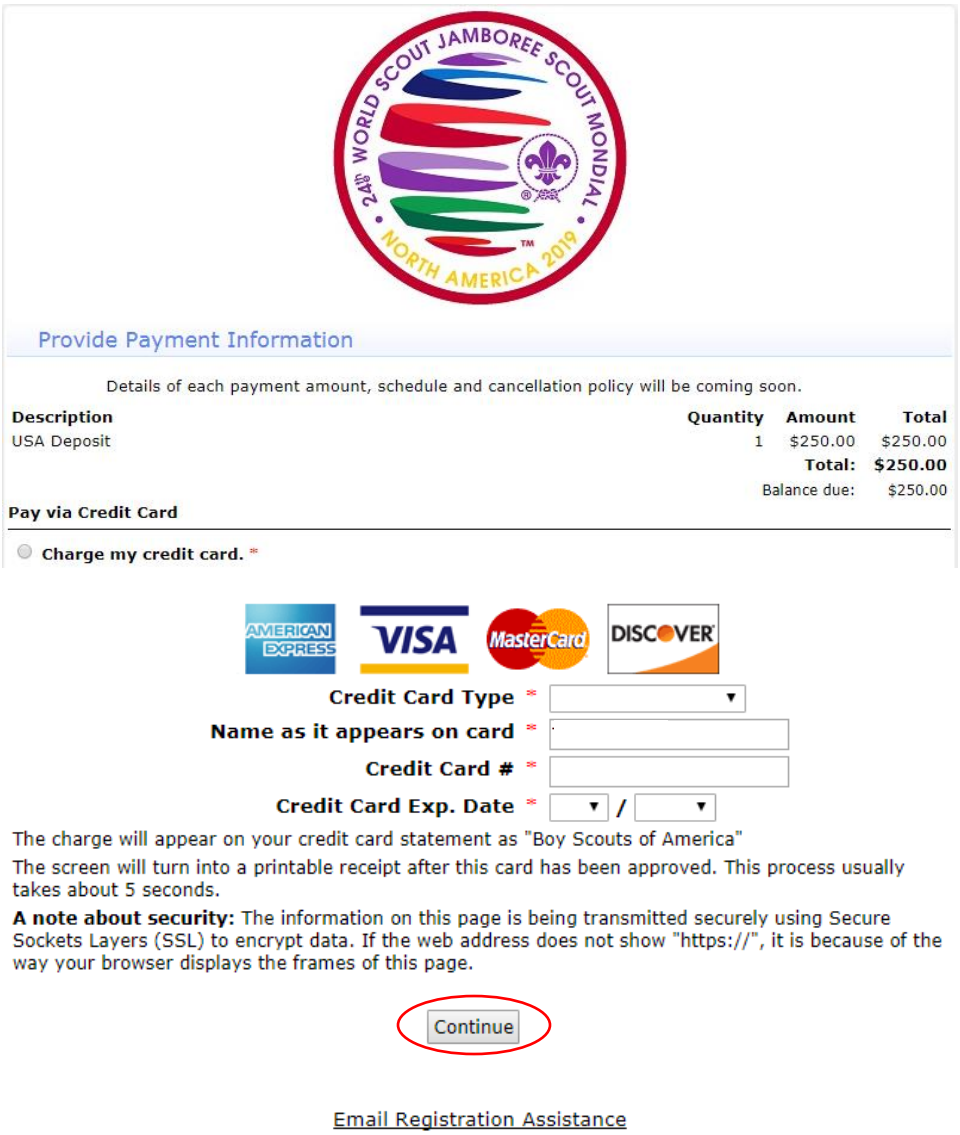
Continue

Email Registration Assistance

Review all data for accuracy. Select “Edit” to the right of each section should a correction be needed.

Select “Continue” at the bottom of the screen.





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

Select “Continue” to process the required deposit and submit the application for processing.

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:** to gain access to the form. If the applicant named above is a youth, this process MUST be completed by the parent/guardian.

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

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

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)

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:

- I am the legal parent/guardian or I am the above-named person.
- I understand an application for attendance at the 2019 World Scout Jamboree has been submitted.
- I give my permission for the above-named person to attend and for this application to be processed.
- 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.

En sélectionnant "**OUI**", je confirme le suivant:

- Je suis le parent / tuteur légal ou je suis la personne susmentionnée.
- Je comprends qu'une demande de participation au Jamboree Scout Mondial 2019 a été soumise.
- Je donne ma permission pour que la personne susmentionnée assiste et que cette demande soit traitée.
- J'ai reçu (joint au courrier électronique) et j'ai examiné l'accusé de reception des risques dans son intégralité et, en tant que parent / tuteur legal, je confirme que je suis d'accord avec lui.

Al seleccionar "**SÍ**", confirmo lo siguiente:

- Yo soy el padre / guardián legal o yo soy la persona arriba mencionada.
- Entiendo que se ha presentado una solicitud de asistencia al Jamboree Scout Mundial de 2019.
- Doy mi permiso para que la persona arriba mencionada asista y para que esta solicitud sea procesada.
- Recibí (adjunto al correo electrónico) y he revisado el Reconocimiento de Riesgos en su totalidad y como el padre / guardián legal o yo, confirm que estoy de acuerdo con él.

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 hoy: *

Continue / Continuer / Continuar

Confirmation of successful submission.

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