



Hội Đồng Trung Ương – Hướng Đạo Việt Nam

International Youth Leaders Summit

July 12<sup>th</sup> - July 16<sup>th</sup>, 2024 – Calgary, Canada

Website: [www.hdtuhdvn.org](http://www.hdtuhdvn.org) - Email: [hdvn.summit@gmail.com](mailto:hdvn.summit@gmail.com)

February 1, 2024

Dear Scouters and Parents,

Developing the next generation of capable and dedicated leaders to support and guide Vietnamese Scouting in the 21st century is the foremost mission of Hội Đồng Trung Ương – Hướng Đạo Việt Nam. Hence, we are thrilled to welcome the first HDTU-HĐVN International Youth Leaders Summit in Calgary, Canada this summer, from Friday, July 12th to Tuesday, July 16th.

Over four and a half days of the Summit, Scouts ages 14 to 18 will have a chance to meet their peers from across the world – including Europe, Canada, and the United States, to exchange ideas and to grow together in fellowship and in true spirit of Vietnamese Scouting.

Scouts will be challenged to improve themselves in all aspects of leadership – understanding oneself, exploring different methods and styles of interacting, influencing, and leading people, enhancing skills needed to excel not only in Scouting but in their daily lives and future careers.

Scouts will have a unique setting to build close and lasting bonds with their peers from across the globe. As well, they will have a rare opportunity to be mentored by the most senior members of Hội Đồng Trung Ương – Hướng Đạo Việt Nam and to learn from among the best leaders of Vietnamese Scouting.

As part of the training, Scouts will be challenged to return to their community to apply their newly gained skills to preserve and enrich Vietnamese Scouting and their Vietnamese heritage. Once their training is completed, Scouts will become official Ambassadors of Vietnamese Scouting to serve their local community and region (Miền/Chi Nhánh).

**Registration for HDTU-HĐVN International Youth Leaders Summit begins February 10 and will end on May 31, 2024.** Scouts must be recommended by their Liên Đoàn and Đại Diện Miền/Chi Nhánh of HDTU-HĐVN to enroll.

We have many exciting, innovative, and memorable programs set in motion for our young leaders. The world-class natural wonders of Banff, Lake Louise, Emerald Lake and other surrounding Calgary beauties await your exploration, as well as the thrilling annual Calgary Stampede.

Enclosed in this package is guidance on how to register and the tentative Summit program. Registration is open at <https://forms.gle/25mfZ3QSXnKqyqFQ9>. More information is available at [www.hdtuhdvn.org](http://www.hdtuhdvn.org).

**Don't miss out on this once in a life-time opportunity for your Scout.** Register early to take advantage of the discount registration fee! **Early Registration ends April 30, 2024.**

Sincerely yours,

Que-Chi Pham

Director, HDTU-HĐVN Thăng Tiến Academy



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**SUMMIT DATES:** Friday, July 12 to Tuesday, July 16, 2024  
**Check-in:** Friday, July 12, 2024 - 10:00 a.m. to 3:00 p.m.  
**Check-out:** Tuesday July 16, 2024 - 10:30 a.m. to 11:30 a.m.

**CAMP ADDRESS:** Girl Guide Camp Jubilee – Pallesen House  
255240- 255242 Range Road 42  
Cochrane, Alberta

### SUMMIT SCHEDULE

- Fri 7/12: 10 am – 3:00 pm Check-in, Orientation;  
5:30 pm Welcome Banquet
- Sat 7/13: Conference
- Sun 7/14: Outdoors Expedition & Dance Social
- Mon 7/15: Conference
- Tue 7/16: Closing Ceremony; Depart 10:30 am – 11:30 am

### PREREQUISITES & GRADUATION TICKET

There is a prerequisite assignment as well as a graduation ticket (project). When registration is complete, details of the prerequisite and project will be shared with participants.

### CAMP FEE

Registration fee applies to all participants, including Scouts, leaders, and adult chaperones. Scouts must be recommended by Liên Đoàn and Miền/Chi Nhánh of HDTU'-HĐVN to attend.

Scouts will sleep on cots or bunk beds in a shared lodge. Leaders and Parent Chaperones will need to bring their own tents for outdoor camping. Space is limited, therefore, we can only accommodate a select number of Scouts and accompanying adults.

Camp fee includes all meals starting with lunch on Friday 7/12 through breakfast on Tuesday 7/16. Participant will receive a t-shirt and other items to be included in the Camper's Package. If needed, registered Scouts and leaders will be provided a HDTU'-HĐVN uniform shirt. Only registered participants may stay at camp, participate in Summit programs, and utilize camp services.

Submit all required registration forms and camp fee to HDTU'-HĐVN by the deadline to qualify for that deadline's set fee:

- Early Registration by April 30, 2024 \$260 USD
- Regular Registration May 1 to May 31, 2024 \$285 USD
- Last day to register: May 31, 2024



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Individual campers should submit all payments and signed forms to your Liên Đoàn (LD) Representative. Liên Đoàn Representatives make a single payment for everyone registered under their group for Early Registration, and subsequent payment for Regular Registration. Payment and forms for each registration deadline (early and regular) must be postmarked by the due date to qualify for that deadline's set fee. If payment is postmarked after a particular deadline, the subsequent deadline's fee will apply, and LD Representative will need to submit the remainder amount of fees for all affected registrants in order to complete the registration.

#### METHOD OF PAYMENT

Make check or money order (required for non-US participants) payable to **HDTU-HDVN** and send to the address below. A \$35 USD processing fee will be applied to any returned check.

HDTU-HDVN  
2903 Darnley Pl  
Vienna, VA 22181  
USA

#### TRANSFER, CANCELLATION AND REFUND

If a participant has paid camp fee but cannot attend, participant may ask his/her LD Representative to request for a transfer of registration to another person, or a cancellation.

**Transfer:** To transfer name and registration fee to another participant, LD Representative must notify the Organizing Committee as soon as possible and *no later than May 31, 2024*.

**Cancellation:** Cancellation will be accepted through May 31, 2024. A \$30 USD processing fee will be assessed for each refund. LD Representative must notify the Organizing Committee as soon as possible and *no later than May 31, 2024*. Email [hdivn.summit@gmail.com](mailto:hdivn.summit@gmail.com).

- Cancel by May 31, 2024      full refund will be issued less \$30 USD processing fee
- Cancel after May 31, 2024      no camp fee will be refunded
- If the Organizing Committee rejects registration of a camper due to missing or incomplete forms or fees, the refund will be the same as one of a request for cancellation noted above.
- If the Organizing Committee rejects registration of a camper due to other reasons before camp begins, a full refund, less processing fee, will be provided.

#### REGISTRATION DOCUMENTS (required for each participant)

- 1) Electronic Registration (including Photo upload)
- 2) Code of Conduct (signed by Scout and Parent)
- 3) Waiver & Use of Photos Consent (signed by parent)
- 4) Health Form (with Physician office's signature)



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#### COMMUNICATION METHOD

- Organizing Committee will share information with Liên Đoàn Reps. It is expected that Liên Đoàn Reps will disseminate all essential information to all members registered under their Liên Đoàn.
- As needed, Organizing Committee will share information directly with registered participants, youths and adults.
- Contact Organizing Committee at [hdivn.summit@gmail.com](mailto:hdivn.summit@gmail.com)

#### MEALS

- Friday, July 12: Lunch, Dinner
- Saturday, July 13: Breakfast, Lunch, Dinner
- Sunday, July 14: Breakfast, Lunch, Dinner
- Monday, July 15: Breakfast, Lunch, Dinner
- Tuesday, July 16: Breakfast
- Food will be served by camp staff and/or by authorized food vendors in or near the main dining hall. Cooking gear is not needed.

#### ACCOMODATION

- As space allows, scouts will be assigned a cot or bunk bed in a shared room.
- As needed, scouts may need to tent outdoor. If tenting is required, scouts will be informed ahead of time and will need to bring their own tents and camp gear.
- Adults will tent outdoor and will need to bring their own tent and camp gear.
- There is a kitchen, dining hall, and flushable toilets. Running water is available but limited, so we will need to use water sparingly.

#### CAMP GEAR

- Scouts assigned bunk beds will need to bring their own bedsheet, sleeping bag, towel, flash light, water bottle, and personal items.
- Adults will tent outdoor and will need to bring their own: tent, sleeping bag, sleeping pad, flashlight, water bottle, and other personal items.

#### AIRPORTS

- Closest Airport: Calgary International Airport (YYC), ~50 km from camp, 45 min to 1 hour drive depending on traffic.
- If transport from airport to camp is needed, please contact Tr. Quynh Vo at [askquynh@gmail.com](mailto:askquynh@gmail.com), 403-585-8080. A fee may be charged for costs incurred.



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## CODE OF CONDUCT

Hội Đồng Trung Ương – Hướng Đạo Việt Nam (HDTU-HDVN) International Youth Leaders Summit constitutes a private activity of a private organization. HDTU-HDVN reserves the right to refuse admittance to or terminate the participation of one or more individuals or entity without being compelled to offer explicit reasons.

**An essential condition for admittance to HDTU-HDVN International Youth Leaders Summit is that every participant, regardless of age, nationality or residency, must sign the following affidavit, agreeing to the Code of Conduct stated below:**

### Law and Order:

1. The Summit Organizing Committee (Organizing Committee) reserves the right to terminate the participation of any attendant(s) deemed to have attitudes which are hostile, disorderly, violent, controversial, and may cause unnecessary attention or harm to the security and safety of the camp or of other participants.
2. Participants are not allowed to leave the campground without the explicit permission of their unit leaders and the completion of the camp exit procedure determined by the Organizing Committee.
3. Car speed limit is strictly enforced and vehicles must be parked only in designated areas.
4. Participants are responsible for maintaining the camp living conditions and are forbidden to destroy the landscape, plants and camp properties.

### Discipline:

5. The Scout's Oath and Laws are also the laws of the Summit.
6. Participants are expected to obey not only direction of Organizing Committee but also the orders and guidance of the Park Rangers who are the authority in enforcing camp discipline. Any question, concern, complaint, should be directed to Organizing Committee promptly after an incident.
7. Participants are responsible for any loss or damage to their personal belongings.
8. Camper badges and/or wrist bands are expected to be visible at all time.
9. Foul language, harassment, impolite or indecent attitude is strictly prohibited.
10. Smoking at camp is discouraged. Campers, 21 years or older may smoke only in designated areas away from sight of Scouts, and may not impact the air quality and comfort of other campers.

### Outfit:

11. Outfits must be appropriate and conform to Scouting standard. No indecent or excessive sloppy clothing style is permitted. No improper body display of piercing and tattoos is permitted.
12. HDTU-HDVN uniform is the official uniform of the Summit. Campers may not wear uniform or insignia of any unassociated scout organization at camp (e.g. no BSA uniform).

### Activities:

13. Campers must follow the directions of the Organizing Committee and shall participate fully in all camp activities.
14. Camp schedules including nightly curfew must be strictly followed.
15. Buying and selling of goods on camp premises are prohibited, unless otherwise officially approved by the Organizing Committee.
16. All gambling activities and provocative or violent forms of entertainment are forbidden on camp premises.
17. All activities not included in the official camp program requires the prior approval of the Organizing Committee.
18. The distribution of any printed or visual media must be approved by the Organizing Committee, and may be carried out only in the designated area of the Information Center, unless instructed or otherwise permitted by the Organizing Committee.

### Banned Items:

19. Absolutely no weapons, explosives, alcoholic beverages, and drugs are tolerated on camp premises.
20. No indecent or obscene materials (pictures, movies, magazines, etc.) are allowed on camp premises.

I, the undersigned, have read, understood and hereby agreed to follow all above regulation during the time I attend the Summit.

Participant's Name (Print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if Participant is under 18 \_\_\_\_\_ Date: \_\_\_\_\_



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## WAIVER STATEMENT AND CONSENT FOR USE OF PHOTOGRAPHS

### WAIVER STATEMENT

I, \_\_\_\_\_  
(Full name of Participant: First – Middle – Last)

*With the consent of my parent (if participant is under 18 years old)*

\_\_\_\_\_  
(Full name of Parent: First – Middle – Last)

hereby assume all risks and hazards of participation in HDTU-HDVN International Youth Leaders Summit.

I hereby do waive, release, absolve, and agree to indemnify and hold harmless Hoi Dong Trung – Huong Dao Viet Nam (HDTU-HDVN) and all employees, staffs, units, leaders, scouts, volunteers, other participants, related parties or other organizations associated with the activity from any and all claims or liability arising out of any injury to me and/or my son/daughter.

I hereby expressly authorize and request HDTU-HDVN organizing committee and staffs, his/her unit scout leaders to use their best judgment in any emergency or injury to me and/or my son/daughter requiring paraprofessional or professional medical attention or treatment. I agree to pay for all medical expenses for myself and/or my son/daughter.

### CONSENT FOR USE OF PHOTOGRAPHS

I hereby authorize and give full consent to Hoi Dong Trung – Huong Dao Viet Nam (HDTU-HDVN) to publish and copyright all photographs in which I and/or my son/daughter may appear at the International Youth Leaders Summit.

I further agree that HDTU-HDVN may transfer, use or cause to be used, these photographs in brochures, websites, social media, newsletters, advertisements, posters, displays, slide shows, videotapes, catalogs, CD-ROMs, and like publications, literature or materials without limitations or reservations.

I have read this release Waiver Statement and Consent for Use of Photographers agreement, understand it, and signed it voluntarily.

Signature: \_\_\_\_\_  
(Adult participant or parent/guardian)

Date: \_\_\_\_\_  
(mm / dd / yyyy)



# HDTU-HDVN HEALTH FORM

**Please complete all pages and sign this medical consent form.**

Liên Đoàn Name

Participant's Last Name

Middle Name

First Name

Birthdate (mm/dd/yyyy)

Male  Female

Email

Phone \_\_\_\_\_

Home Address

*(For minors only)*

Name of Parent/Guardian 1

Address (if different from Participant's)

Phone

Name of Parent/ Guardian 2

Phone

Emergency Contact Name

Relationship to Participant

Emergency Contact Phone

## INSURANCE / DOCTOR INFO

Health Insurance Co.

Group No.

ID/Policy No.

Name of Primary Care Physician

Phone

List any medications participant is currently taking:

Medication	Dosage	Instruction
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Allergy

- |                                 |  |                         |
|---------------------------------|--|-------------------------|
| Drug or medication allergy?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of reaction: _____ |
| Peanut or nut allergy?          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of reaction: _____ |
| Insect bites/stings             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of reaction: _____ |
| Seafood (shellfish, fish, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of reaction: _____ |
| Pollens/dust?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of reaction: _____ |
| Others _____                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of reaction: _____ |

## Health History

Have you ever been treated for the following?

High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke/TIA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung/respiratory disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	COPD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest pain or angina	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear/eye/nose problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irregular heart beat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or bone issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head injury/concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric or emotional difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral/neurological disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood disorder/sickle cell	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety or panic attacks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obstructive sleep apnea	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADHD/ADD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sleep disorders/sleepwalking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure/epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting spells/dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessive fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Immunization

Tetanus within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pertussis/Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles/mumps/rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No	Covid-19 (complete)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Covid-19 (Booster)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INFORMED CONSENT AND AUTHORIZATION:** I understand that participation in camp activities involves the risk of personal injury, including serious injury and death, due to the physical, mental, and emotional challenges in the activities offered. I understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by applicable rules.

In the event of an emergency involving me or my child, I understand that effort will be made to contact the person listed as the emergency contact person by the medical provider and/or by HDTU-HDVN staff. In the event that this person cannot be reached, I give permission to the medical provider selected by HDTU-HDVN staff in charge to secure proper treatment, including anesthesia, surgery, injection of medication for me or child, and hospitalization. I authorize medical providers to disclose protected health information to the adult in charge, camp medical provider, adult leaders, and/or any physician or health-care provider involved in providing medical care to the participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Camper Signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Date \_\_\_\_\_



## Participant Physical Examination Clearance

Participant Full Name:

Date of Birth (mm/dd/yyyy):

Name of Physician/Nurse Practitioner/Physician Assistant:

Name of Medical Group: \_\_\_\_\_

Address:

Office Phone Number:

### EXAMINATION

**Height:** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_ / \_\_\_\_\_ **Pulse:** \_\_\_\_\_

	Normal	Abnormal	Explanation
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
E/N/T	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<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"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Examiner's Certification

I certify that I have reviewed the health history and examined this person. I find no contraindications for participation in this camp. The participant:

- | True                     | False                    |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Meets height/weight requirements   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not have uncontrolled heart disease or hypertension                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not have uncontrolled asthma or breathing problems                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Has not had an orthopedic or musculoskeletal injuries within the past 6 months |
| <input type="checkbox"/> | <input type="checkbox"/> | Has had no seizures in the past 12 months                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Has no uncontrolled psychiatric disorders                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not have poorly controlled diabetes                                       |

Examiner's Signature: \_\_\_\_\_

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

Examiner's Printed Name: \_\_\_\_\_