



DAMASCUS Youth Event  
St Joseph's Catholic Church  
12 Eastgate Gardens  
Guildford  
Surrey  
GU1 4AZ

Dear Parent/Guardian,

Thank you for downloading an application form for your child, who is interested in participating in DAMASCUS'09. Please read through this information sheet before filling out the application form.

Participants are asked to arrive at New Farm Buildings, Wintershall Estate, Bramley from **9am** onwards on day one, **Friday 28<sup>th</sup> August** and we request that they are picked up from the same site at **12 noon** on **Monday 31<sup>st</sup> August**.

**What the participant needs to bring to DAMASCUS'09:**

1. A waterproof tent, ground sheet, sleeping bag
2. Eating utensils (plate, knife, fork, spoon and beaker)
3. Clothing and footwear suitable for cold, hot and wet weather
4. A torch (and spare batteries)
5. Toiletries, sun screen and insect repellent
6. Breakfast cereal (milk and fruit juice will be provided)

**Venue & Accommodation:**

The Wintershall Estate, in the heart of stunning Surrey countryside, is privately owned by Peter and Ann Hutley and comprises park land and an organic lamb and beef farm. It is also the home of the theatrical productions of The Life of Christ, The Acts of the Apostles and The Wintershall Nativity play. The Hutleys have lived at Wintershall for over 40 years and under their stewardship have created a haven for all those in search of deepening their faith and have kindly given DAMASCUS the use of a large barn and access to surrounding fields for the past 3 years.

This barn is transformed every year by the DAMASCUS team. We have a kitchen and cafe area, a prayer and worship area, allocated space for our creative workshops (art, drama and music) and a games area. We hire in several toilets on site and showers, allocated separately male and female.

In the adjoining field is our tent area. We mark out separate areas for the boys and girls tents and a separate area for the DAMASCUS leaders. There is always a qualified first aider on site and a leader on call around the clock.

**DAMASCUS Team:**

The leadership team includes the following (All DAMASCUS Team leaders are CRB checked as approved by the Diocese of Arundel and Brighton):

Aseel Gilbert – Youth Coordinator at St Joseph's Parish, Guildford  
Andy Poulson – Director of the Trinity Trust Team, Godalming

**Emergency Contact Details:**

Wintershall Estate Office	01483 892 167
St Joseph's Church Office	01483 562 704
Aseel Gilbert	Mobile 07725 314 269
Andy Poulson	Mobile 07876 142 197

If you have any questions or concerns prior to the start of DAMASCUS'08, do not hesitate to contact Aseel Gilbert.

With best wishes in Christ,

Aseel Gilbert, Andy Poulson and the DAMASCUS team

DAMASCUS'09 Application Form (April 2009) Version 2.1



**1. DAMASCUS Youth Event, Wintershall Estate, Bramley**

9am on Friday 28<sup>th</sup> August – 12pm on Monday 31<sup>st</sup> August 2009

I agree to ..... participating fully in this event and have read the information sheet. I acknowledge the need for the participant to behave responsibly (and in accordance with the Code of Conduct for young people).

Full details on this and all other relevant information can be found on the DAMASCUS website [www.damascusyouthevent.com](http://www.damascusyouthevent.com) or contact **Aseel Gilbert**, St. Joseph's parish youth coordinator, Tel: 01483 562704 or Email: [info@damascusyouthevent.com](mailto:info@damascusyouthevent.com)

**2. Transport Arrangements**

Please detail how your child will travel to and from the activity. *All participants will be expected to make their own arrangements for travel to and from the event.*

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**3. Payment Details**

Please make cheques payable to **St. Joseph's Catholic Church** for the amount of **£80.00** and send along with this completed Parental/Medical Consent Form to:

**St. Joseph's Catholic Church,  
12 Eastgate Gardens,  
Guildford,  
GU1 4AZ.**

For administration purposes, please could you write Damascus'09 and the participants name on the back of the cheque.

**4. Participant Details**

Participant's e-mail address: .....

Participant's mobile number: .....

**5. Confidential Medical Information**

a) Applicants name ..... b) Date of birth .....

c) Parent's name and initials .....

d) Home address .....

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e) Contact tel no: Home ..... Mobile ..... Work .....

f) Emergency contact name: .....

g) Emergency contact tel no: .....

h) Name and address of family doctor: .....

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i) Tel. No: ..... j) NHS No: .....

k) Has your son/daughter had any of the following?

Asthma or bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known medication	YES	NO
Any other allergies, e.g. material, food	YES	NO
Other illness of disability	YES	NO
Travel sickness	YES	NO

l) Is your son/daughter taking regular medication? YES NO

m) If the answer to any of these questions is YES, please give details (including dosage of any medicines or tablets):

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n) Has your son/daughter received vaccination against Tetanus in the last five years? YES NO

o) Is your son/daughter receiving medical or surgical treatment of any kind from either your family doctor or hospital?

YES NO

p) Has your son/daughter been given specific medical advice to follow in emergencies?

YES NO

q) If the answer to either of the last two questions is YES, please give details:

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r) Please outline any phobias your child has:

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s) Is there any other relevant information/specific needs that need to be known by the organiser?

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t) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?

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I will inform the event leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

Signed ..... Date .....  
Father/Mother/Legal Guardian

**6. Declaration**

In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed: ..... Date: .....

Full Name (Capitals): .....

"The DAMASCUS four day experience will be captured in both photographs and video, and we reserve the right to use this for promotional purposes. If you wish your child to opt out of this please notify us".