

jDAMASCUS'12

Dear Parent/Guardian,

Thank you very much for downloading our application form. Junior DAMASCUS is from **Friday 6th - Sunday 8th JULY 2012**. In a nutshell DAMASCUS is all about coming to a deeper personal relationship with Jesus and sharing faith, fun and friendship with other young people (aged 10-14) in a relaxed and inspirational setting. The event programme contains a mix of worship, scripture brought to life, creative workshops, prayer, organised outdoor activities & chill time.



Below are some more details about the retreat, the leadership team and the place we are going. Please read through this information sheet, and retreat rules also enclosed, before filling out the application form.

Cost:

£80. We offer a discount if members of the same family would like to attend.

Travel Arrangements:

All young people must meet at **5.00 p.m. for a 5.30pm departure on Friday 6th July in the St Pius X Catholic Church, Merrow (Laustan Close, Guildford, Surrey GU1 2TS)**. We will be travelling to Carrotty Wood Adventure Centre, Kent (TN11 9QX) by coach. We will return on **Sunday 8th July at 7 p.m.** Your son/daughter can be picked up from the above place at this time.

The Adventure Centre:

Rock UK Carrotty Wood Adventure Centre is very popular with schools, church youth groups, local authority groups and adult training organisations. We have booked a lodge called "Woodpecker Ranch" with a fully equipped kitchen, dining room and meeting room. Attached to the lodge is a large field and camp fire. For more information about the centre please look at the Carrotty Wood website: <http://adventures.rockuk.org/centres/carrotty-wood>

Accommodation:

Because our weekend away is in the summer season the young people will be sleeping in pre-erected large tents with camping mattresses. There are three separate tents allocated for girls, boys and leaders. We have booked two instructed group activities, led by qualified leaders from the activity centre.

Activities:

Carrotty Wood offers excellent organised outdoor activities. We have booked two instructed group activities, led by qualified leaders from the activity centre.

Please bring the following essentials:

- Towel and toiletries
- Sleeping bag & pillow (& duvet)
- Warm clothes and a waterproof coat
- Suitable outdoor footwear
- A torch
- Your own cereal (milk, toast and fruit juice will be provided)
- Any medication needed

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 – Guildford Catholic Churches Youth Coordinator

Andrew Gilbert – Youth leader at St Joseph's Parish, Guildford

James Collyer – Youth leader at St Joseph's Parish, Guildford and worship leader

Emergency Contact Numbers:

Carroty Wood	0844 8000 222
St Joseph's Parish Office	01483 562 704
Aseel Gilbert	Mobile 07725 314 269

Please read the Retreat Rules that can be found on the website (www.damascusyouthevent.com/documents/DAMASCUS_rules.pdf) and once you have done so please fill in the application form. Please note that mobile phones may be brought along to the retreat for emergency use only. Mobile phones are not to be taken into tents or used during any teaching/activity sessions. We will provide a safe place to leave mobile phones when use is not permitted. Photography is not permitted by candidates throughout the entire retreat.

Further information and copies of the application form can be downloaded from www.damascusyouthevent.com. If you have any concerns regarding the fee for the retreat then please do not hesitate to contact me through the St Joseph's Parish Office.

With best wishes in Christ,

Aseel Gilbert

Guildford Catholic Churches Youth Coordinator
12 Eastgate Gardens, Guildford, Surrey, GU1 4AZ
Tel: 01483 562 704
Email: aseel@guildforyouthmovement.co.uk
www.guildfordcatholicchurches.co.uk/youth/

jDAMASCUS'12

Application Form

1. jDAMASCUS Youth Event, Carrot Wood, Kent

5pm on Friday 6th July – 7pm on Sunday 8th July 2012

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 or contact **Aseel Gilbert**, Guildford Catholic Churches youth coordinator, Tel: 01483 562704 or Email: info@damascusyouthevent.com

2. 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 write Junior Damascus'10 and the participants name on the back of the cheque.

3. Participant Details

Parents e-mail address:

Parents mobile number:

4. 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 Junior DAMASCUS three day event 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".

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Confidential Medical Questionnaire

a) Applicants name b) Date of birth

c) Parent's name and initials
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d) Home address
.....
.....

e) Contact tel no: Home
Mobile Work

f) Emergency contact name:

g) Emergency contact tel no:

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

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) At some point on the weekend there will be an opportunity for prayer and the young people may choose to share something personal with one of the leaders. Is there any relevant information or 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?
.....
.....

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