

# Holy Rosary Summer Camps

## House of Our Lady of the Most Holy Rosary Ardee, Co. Louth

Three summer camps are led this summer 2023. Please tick the appropriate box in the frame below.

8<sup>th</sup> to 15<sup>th</sup> July:  
Girls from 8 to 12 years old.

18<sup>th</sup> to 25<sup>th</sup> July:  
Girls from 13 to 17 years old.

27<sup>th</sup> July to 3<sup>rd</sup> August:  
Boys from 8 to 15 years old.

Name: .....

Surname: .....

Date of birth: ...../...../.....

Address: .....

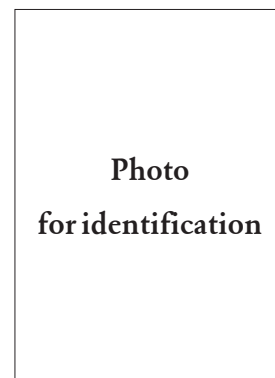
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Parent's email: .....

Landline: .....

Mobile: .....



I (*name of parents*)..... authorise my son/  
daughter (*please circle*) ..... to participate in  
the **Holy Rosary Summer Camp** organised by the Sister Adorers of the Royal Heart at the  
House of Our Lady the Most Holy Rosary, Hale Street, Ardee, Co. Louth.

I (*name of parent*).....  
authorise the Director of the Summer Camp, in case of emergency  
(hospitalisation, surgery including anesthetic), to transfer my child (*name of son/  
daughter*)..... to the hospital by an emergency  
service.

Please tick each of the following boxes:

I attach a copy of my child's Passport or ID

I attach the Allergy Report Form

I include a €/\$ 125 cheque (girls summer camp) made out to Institute of Christ the King  
or Sovereign Priest to cover the expenses, €/\$ 95 for each additional girl of the same family.

I include a €/\$ 95 cheque (boys summer camp) made out to Institute of Christ the King Sovereign  
Priest to cover the expenses, €/\$ 75 for each additional boy of the same family. (Please do not  
hesitate to contact Sister James Marie for any difficulty with this matter)

I give permission to the Sister Adorers of the Royal Heart Sovereign Priest in Ardee to keep the  
details provided above in their database according to the GDPR regulation.

I give permission for my child/children to attend this camp, and for photographs, images and  
video of them to be taken and used for the publications of the Institute of Christ the King.

Date and signature of parent:

.....

**This registration form must be returned before the 15<sup>th</sup> June 2024.**  
**Please await confirmation of your registration as places are strictly limited.**

# General information

The Holy Rosary Summer Camp are led by the Sister Adorers of the Royal Heart of Jesus Christ Sovereign Priest and a Canon of the Institute of Christ the King Sovereign Priest.

**Girls from 8 to 12 years of age: Monday 8<sup>th</sup> to Monday 15<sup>th</sup> July**

**Girls from 13 to 17 years of age: Thursday 18<sup>th</sup> to Thursday 25<sup>th</sup> July**

**Boys from 8 to 15 years of age: Saturday 27<sup>th</sup> July to Saturday 3<sup>rd</sup> August**

All will enjoy the beautiful location of the House of the Most Holy Rosary in Ardee, Co. Louth.

Accommodation consists of shared rooms.

Activities such as tours, games and music will be led in a catholic atmosphere throughout these days.

Please bring: bed linen, toiletries, change of clothes, towels, rain gear including walking shoes, track suit legs, runners, missal & rosary, musical instrument.

Please note:

- Holy Mass will be offered daily in the Extraordinary Form (Traditional Latin Mass).
- Use of mobile phones or other devices are not allowed and should not be brought by the participants (parents can reach the Chaplain at all times in case of emergency).
- Times: Each camp start at 4 pm and ends at 3 pm. Partial participation at a camp is not accepted.
- All Institute of Christ the King members are Garda vetted and comply with the safeguarding children rules in Ireland.



**HOUSE OF OUR LADY OF THE MOST HOLY ROSARY**  
Sister Adorers of the Royal Heart of Jesus Christ Sovereign Priest  
Institute of Christ the King Sovereign Priest  
Hale Street - Moorehall - Ardee A92 F8FP - Co. Louth - Ireland

**Contact:**  
Sister James Marie  
041 685 6385 [acr.ardee@gmail.com](mailto:acr.ardee@gmail.com)

# Allergy Report Form

Name of the child:

**Instructions:** This form must be completed by the parent / legal guardian of the child registering for the summer camp.

## Medical Insurance

Insurance company:

Group No:

Policy No:

Name of insured person:

## Diagnosis and History:

What triggers your child's allergy?

**Severity of the allergy:**          Mild    Moderate    Severe          (Please circle)

Child is compliant with medical treatment for this allergy:    Rarely          Sometimes          Often

Does the child take prescription medication for this allergy?    Yes    No

If yes, what medications? How often should the medication be administered?

Has the child been prescribed an Epi-Pen?    Yes    No

## Limitation caused by allergy

Describe how the allergy limits the child's activities (eating, breathing, etc)

How will the above limitation(s) interfere with the child's ability to participate in the summer camp (i.e. meals, recreational activities)?

## Health and Medical Report Form

Physician's name:

Physician's phone:

Physical limitations, allergies, and/or special instructions



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**Please return this form on the  
first day of the summer camp**