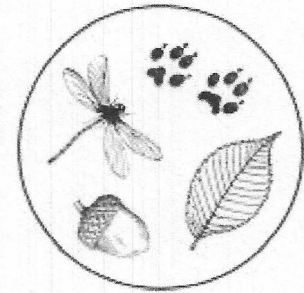


ROWE SUMMER RECREATION



At Pelham Lake Park

Learn about the natural world and explore the trails of Pelham Lake Park!
Open to participants ages 6 - 10.

6-year-olds must have completed one year of kindergarten. Programming will be lead by Hannah French, third- and fourth-grade co-teacher at Rowe Elementary School. Email rowesummerrecreation@gmail.com with questions.

Free for Rowe residents. School of Choice Fee: \$20/three-day session, \$25/four-day session. Checks may be made out to the Rowe Parks Department. Return forms and payment to Rowe Elementary School c/o Hannah French.

Session 1: Go With the Flow

Three-Day Session: July 1st - 3rd, 10am - 2pm

Water is essential for life on planet Earth! This week, we'll learn about the water cycle and explore unique wetland habitats.

Session 2: Nature's Kaleidoscope

Four-Day Session, July 8th - 11th, 10am - 2pm

Nature is full of amazing patterns and beautiful sights. Together we'll fine-tune our observation skills as we take it all in!

Session 3: "X" Marks the Spot

Three-Day Session: July 15th - 17th, 10am - 2pm

Maps can help us locate important places, mark our findings, and even uncover treasure! Are you ready to become a mapping expert?

Session 4: Flapping, Soaring, Gliding

Four-Day Session: July 22nd - 25th, 10am - 2pm

How do birds do it? Let's learn about the mechanics of flight as we watch and study the feathered friends who live in our forest.



Pelham Lake Park

Rowe Summer Recreation 2024

Town of Rowe
Pelham Lake Park
85 Pond Road
Rowe, MA 01367
Ph: 413-339-8537
Fx: 413-339-5316

Registration Form

Participant's Name: _____ Birth Date: _____

Address: _____

Check One: _____ participant is a Rowe resident _____ participant is a school of choice student

Parent / Guardian: _____

Home / Cell Phone: _____ Work Phone: _____

Email Address: _____

Participants may register for any number of sessions. *Note that two sessions are three days long and two sessions are four days long.*

Program runs from 10:00 AM to 2:00 PM.

The program is available for Rowe residents and school of choice families ages 6-10.

For school of choice families, there is a fee of \$20 / 3-day session and \$25 / 4-day session (\$90 for all four sessions). Checks can be made out to the Rowe Parks Department.

Select Sessions:

- Session 1: Go With the Flow**
Three-Day Session: July 1st - 3rd
- Session 2: Nature's Kaleidoscope**
Four-Day Session: July 8th - 11th
- Session 3: "X" Marks the Spot**
Three-Day Session: July 15th - 17th
- Session 4: Flapping, Soaring, Gliding**
Four-Day Session: July 22nd - 25th

Please send participant with the following items each day: sunscreen, bug spray, hat, swimsuit & towel, closed-toe hiking shoes, water, lunch, and snacks.

Signature of Parent / Guardian

Date

Printed Name of Parent / Guardian



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Pelham Lake Park
85 Pond Road
Rowe, MA 01367
Ph: 413-339-8537
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Medical Information & Release Form

Participant's Name: _____ Birth Date: _____

Emergency Contact #1 Name: _____

Relation to Participant: _____ Phone: _____

Emergency Contact #2 Name: _____

Relation to Participant: _____ Phone: _____

List Known Allergies (Medications / Foods / Environmental): _____

Does child require medication in the case of an allergic reaction? Yes No

Does child have an EPI-pen? Yes No

Special Medications or Concerns: _____

Activities not allowed: _____

Parent / Guardian Authorization: The above information is correct and complete to the best of my knowledge. The person herein described has permission to engage in all park activities except as noted. In the event that I can not be reached in an emergency, I hereby give permission to the Town of Rowe to provide emergency medical care, seek further emergency care as deemed necessary, and arrange necessary related transportation for my child to a local emergency facility. If my child has specific medical concerns, I give permission for those concerns to be shared with supervising personnel.

Signature of Parent / Guardian

Date

Printed Name of Parent / Guardian

Reviewed By: _____ on _____ Date & _____ on _____ Date
Medical Reviewer Date Recreation Program Director Date