



Town of Rowe
FRANKLIN COUNTY
MASSACHUSETTS
01367

Settled as Myrifiield 1763 ▪ Incorporated as Rowe 1785

321 Zoar Road
PO Box 462
Rowe, Massachusetts 01367
www.rowe-ma.gov
email: parkmanager@rowe-ma.gov
Ph: 413-339-5520 x-110
Alt Ph: 413-339-8554
PARK COMMISSION

Pelham Lake Park
Rowe Summer Recreation 2026
Registration Form

Participants Name: _____

Home Phone: _____

Date of Birth: _____

Work Phone: _____

Parent/Guardian Name: _____

Email Address: _____

Address: _____

Is the participant in the summer school program,
if yes what hours? _____

Is the participant a school of choice student?

I am registering my child for the following weeks (check all that apply):

Week 1 Community Week July 6-9 _____

Week 2 Field and Stream July 13-16 _____

Week 3 Off to the Races July 20-23 _____

Week 4 Adventure Week July 27-30 _____

2026 Program Information

- The program will begin July 6th and run Monday through Thursday from 10:00am to 2:00pm until July 30st.
- The program is available for Rowe residents and school of choice families ages 6-10.
- There is a \$20/week fee for each participant who is a school of choice student.
Checks can be made out to the Town of Rowe Park Department.
- Please send the following DAILY: sunscreen, hat, towel, bathing suit, walking shoes, water, lunch (no refrigeration available) and snacks.

Signature of Parent/Guardian

Date

Printed Name



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PARK COMMISSION

Participants Name: _____ Date of Birth: _____
Address: _____
Parent/Guardian: _____
Home Phone: _____ Work Phone: _____
Email Address: _____

If not available in an emergency contact:

Name: _____ Relationship to participant: _____
Phone number: _____

Name: _____ Relationship to participant: _____
Phone number: _____

Allergy Information:

Environmental Allergies: _____

Does the child require medication if stung by a bee? _____

Do they have an epi-pen? _____ Self-administered? _____

Food Allergies: _____

Special Concerns or medical conditions:

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 cannot 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 medical concerns I give permission for those concerns to be shared with supervising personnel.

Signature of Parent/Guardian

Date

Printed Name



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email: nurse@rowema.gov
Ph: 413-339-5520x107
Fax: 413-412-1357
TOWN NURSE

Medication Permission Form

Child's name _____ Birthdate _____

Over the Counter Medications

By checking the boxes below, I give permission for camp counsellors to administer the following medication(s) as needed to my child for minor discomfort or injury, or allergic reaction.

Acetaminophen (Tylenol)

Ibuprofen (Advil or Motrin)

Topical medications (antibiotic ointment,
calamine lotion, hydrocortisone cream)

Eye drops (non-medicated, lubricating)

Antihistamine (Benadryl)

Sunscreen

Bug Spray

Other: _____

Parent Signature _____ Date _____

Printed name _____