



Town of Rowe  
FRANKLIN COUNTY  
MASSACHUSETTS  
01367

*Settled as Myrfield 1763 ▪ Incorporated as Rowe 1785*

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

Pelham Lake Park  
Rowe Summer Recreation 2025  
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 7-10 \_\_\_\_\_

Week 2 Field and Stream July 14-17 \_\_\_\_\_

Week 3 Off to the Races July 21-24 \_\_\_\_\_

Week 4 Adventure Week July 28-31 \_\_\_\_\_

## 2025 Program Information

- The program will begin July 7th and run Monday through Thursday from 10:00am to 2:00pm until July 31<sup>st</sup>.
- The program is available for Rowe residents and school of choice families ages 6-10.
- There is a \$25/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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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 \_\_\_\_\_