



William L. Roberts, Chairperson  
Bellingham's Park Commission  
Web: [www.bellinghamma.org](http://www.bellinghamma.org)  
Telephone: (508) 883 1085

On the reverse side of this paper form is the Summer Swim Program Application, you may either complete it, deliver it and pay for it to the Swim Program Director during the noted registration dates and time at the Town Hall or, for your convenience, you may complete this form, prior to the registration dates, write a check or obtain a Money Order, make it payable to the "Town of Bellingham" in the proper amount for your student or students registration fee; then, mail this application/s and required fees to the following address:

Bellingham's Parks and Recreation Department  
Summer Swim Program  
Post Office Box 209  
Bellingham, MA 02019

Once again, the Swim Program Director will assign Class starting times after the physical sign-ups are completed at the Town Hall, Municipal Center's Wilfred Arcand, Jr. Meeting Room.

# Bellingham's Parks and Recreation Department

## Summer Swim Program

200 Wrentham Road  
Bellingham, MA 02019



Applicant's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contacts:

Main: \_\_\_\_\_

Alternate: \_\_\_\_\_

Telephone Numbers and Information:

Home: \_\_\_\_\_

Alt: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

(fill in)

Thank you for using our services for Arcand Park. We have a five level system to help your child. The classes will run from July 6<sup>th</sup> through August 7<sup>th</sup>. The present fee for this program is \$50.00 per student. It may be paid with cash or a check made out to the "Town of Bellingham" after completing this application during registration at the Town Hall, Municipal Center's Wilfred Arcand, Jr. meeting room on June 13<sup>th</sup> and June 20<sup>th</sup> from 9 A.M. to 12 Noon. The Swim Program Director will assign Class starting times after sign-ups are completed.

Please complete and sign the following two sections:

### Section I

I agree to have my child participate in the Bellingham Parks and Recreation Department Swim Program at Arcand Park. I further agree that my child will abide by the rules of the program or may be asked not to return and will forfeit their right to participate in the Swim Program and registration fee.

Parent's Signature: \_\_\_\_\_

### Section II

In case of a medical emergency my child may \_\_\_\_\_ may not \_\_\_\_\_ be transported to the nearest medical treatment facility for treatment.

Emergency phone number other than parent: (Name) \_\_\_\_\_

(Telephone) \_\_\_\_\_

Please list any allergies and/or medical conditions, which the program employees should be aware: \_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

### OFFICIAL USE ONLY

\$50.00 FEE PAID: CK # \_\_\_\_\_

CASH \_\_\_\_\_

Student Class Time: \_\_\_\_\_

Student Notified: \_\_\_\_\_

Student Level

Passed \_\_\_\_\_

2  
0  
0  
9  
S  
W  
I  
M  
P  
R  
O  
G  
R  
A  
M

E-mail Address: [Bellparks@juno.com](mailto:Bellparks@juno.com)  
Town WEB Site: [www.bellinghamma.org](http://www.bellinghamma.org)  
W. L. Roberts, Chairperson-Parks Commission

Fax: 508 876 8067  
Seasonal Arcand Park: 508 883 6687  
Home: 508 883 1085