



March 16, 2026

Hello Everyone,

The Town of Webb Recreation Department is ready and excited for another year of our Adventure Day Kamp!

This truly special day camp brings the youth community together for a month of fun!

Although we wish we could accept all applications, we do have limited spots available. Spots are reserved based on a first come, first serve basis on applications returned in full. Once we have hit our max capacity, we will start a waitlist.

We look forward to new and returning campers!

Should you have any questions, please feel free to contact me at 315-399-0748 or towrecreation@townofwebbny.gov

Warm Regards,

Hannah Wheaton

Recreation Manager

Camp Overview Summer 2026

Town of Webb Adventure Day Kamp

\$110 for first child, \$60 for each additional child

Ages: 4-10 years

Monday through Friday

July 6 - August 6

9:00am – 1:00pm (time may vary depending on field trips)

Child must turn 4 before June 30, 2026 and must be potty trained (no exceptions)

- ❖ All campers must be able to hike and walk independently, especially on field trips.
- ❖ Please review with your child(ren) the camper conduct expectations (see attached).
- ❖ Current immunization forms and payment **MUST** accompany registration.

Fun activities include:

Crafts
VIEW
Moose River Farms
Hiking
Library Trip
Beach Games
Swimming
Playground
Theme Days
Fishing
Sports Activities
Strand
Talent Show
And much more!

All paperwork can be dropped off at:

- Town of Webb Recreation Office located at 3140 NY-28, Old Forge, NY 13420
- Mailed to Town of Webb-Recreation Department, P.O. Box 157, Old Forge, NY 13420.

Drop off hours: Office hours are Monday-Friday 8:00am-4:00pm (closed for lunch 12:00-1:00).

Should you have any questions, please feel free to send an email to towrecreation@townofwebbny.gov or call Hannah at 315-399-0748.

Warm Regards,

Hannah M. Wheaton

Town of Webb - Recreation Department
Adventure Day Kamp 2026
Registration Form (one per child)
Participant Information

Child's Last Name: _____ First Name: _____

Date of Birth: __/__/____ Age: _____ Sex: _____ Grade (in Fall 2026): _____

Primary Address: _____

Secondary Address: _____

Parent / Guardian Information

Name: _____ Relationship: _____

E-mail: _____

Cell #: () _____ Home # () _____

Summer Program

Town of Webb **Adventure Day Kamp** (ages 4-10) \$110 first child/\$60 each additional child

- ❖ Child **must** turn 4 before June 30, 2026 and **must** be potty trained (no exceptions)
- ❖ All campers must be able to hike and walk independently, especially on field trips.
- ❖ Please review with your child(ren) camper conduct expectations (see attached to sign).
- ❖ Please include current immunization forms with registration.

Shirt size for **Kamp**: Youth size: S__ M__ L__ XL__XXL__ Adult size: S__ M__ L__ XL__XXL__

(THESE SHIRTS MUST BE WORN ON ALL FIELD TRIP DAYS)

I give my son/daughter permission to participate in the above program(s) offered by the Town of Webb Recreation Department and release the Town of Webb of liability or injury which may occur during participation. I also give permission for any photos taken of my child to be used in a variety of media.

Parent/Guardian Signature: _____ **Date:** _____

Please complete **five** pages of paperwork (**PLUS** immunization forms) and **full** payment (no partial payments or refunds).

Please make checks payable to '**Town of Webb**'. We do not accept credit cards. If paying by cash, please do not leave it in the lockbox (we are not responsible for lost money).

Paperwork that is complete will be processed in the order it is received. Paperwork & payment for all programs must be processed and approved BEFORE participant is able to enter the program. Paperwork cannot be used from the prior year. This program has a maximum number of participants.

REGISTRATION PAPERS, IMMUNIZATIONS AND PAYMENT ARE DUE AT THE SAME TIME. YOU WILL NOT BE GUARANTEED A SPOT IF PARTIAL PAPERWORK/PAYMENT IS SENT.

Office Use Only - Payment Amount: \$ _____ Payment Method: _____ Date Rec: __/__/____

Town of Webb Adventure Day Kamp
Activity Permission Form-Water & Land Trips

I give permission for _____
to attend water trips to Benny's Ice Cream/ Nutty Putty, Strand, Town of Webb Beach & other field trips with the Town of Webb **Adventure Day Kamp**. I acknowledge there will be off-site swimming/hiking/animal interactions & land trips as noted on the summer camp schedule.

Comments/Notes: _____

Parent/Guardian Signature: _____

Name (Printed): _____

Date: _____

Emergency Contact Name: _____

Phone #: _____

Emergency Contact Name: _____

Phone #: _____

Town of Webb Adventure Day Kamp
Permission for Child Drop off/Pick-up

I give the following people permission to drop off or pick up my child(ren) from camp.
Please list all people.

Name of Person: _____

Relationship to Camper: _____

Name of Person: _____

Relationship to Camper: _____

Name of Person: _____

Relationship to Camper: _____

Name of Person: _____

Relationship to Camper: _____

Any additional people added to this list during the camp season, must be put in writing and given to one of the Lead Counselors or

email the Manager at towrecreation@townofwebbny.gov

Town of Webb Recreation Department

Medical History Form (to be completed for all programs) 2026

General Information (ONE PER CHILD)

Campers only: Attach an up-to-date immunization record. Paperwork cannot be used from the prior year. If your child has not been vaccinated, please provide a signed letter stating the reason(s).

Name: _____ AGE: ____ DOB: _____

Address: _____

Emergency Contact Information

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Primary Care Physician Information

Name: _____ Phone #: _____

GENERAL HEALTH

Known Medical Conditions: _____

Known Allergies (food, environment or animal) _____

Medications: _____

Restrictions (dietary, activity, or other): _____

MENTAL, EMOTIONAL, SOCIAL HEALTH

Has the camper:

Ever been treated for Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (AD/HD)? YES NO

Ever been treated for emotional or behavioral difficulties? YES NO

Ever been seen by a professional for mental/emotional concerns? YES NO

Had a significant life event that may affect the camper participating in camp activities? YES NO

My child is most successful when _____

My child struggles when _____

With this information, we hope to provide the best experience possible for your child at camp.

Medications at Kamp (Department of Health Guidelines)

In compliance with the Department of Health rules and regulations, the counselors are not authorized to dispense or administer any medications, over the counter or prescribed to the campers (bug spray and sunscreen are the only two exceptions).

However, medications can be taken if a camper is able to self-administer his/her own medication(s). The medicine must be in its original container and a written order from the physician must accompany each medication stating the following information:

- Name of patient
- Name of medication
- Directions of medication (time, dosage, etc.)
- The patient is able to self-administer the medication

As a precautionary measure, our staff will call 911 after the child self-administers his/her medication to be sure there is not an adverse reaction.

The parent must notify the Camp Director if their child has a self-administered medication they carry to camp.

Please list the medications that your child will bring to camp (all prescriptions and non-prescription drugs including inhalers, EpiPen, etc.).

#1 _____

#2 _____

#3 _____

Should you have any questions regarding the medication policy, please contact the Recreation Manager, Hannah at 315-399-0748 or email at towrecreation@townofwebbny.gov

Permission Slip for Bug Spray/Sunscreen

Please apply bug spray and sunscreen to your child every day before camp. If more is needed, we will need your permission to help apply it to your child (Department of Health guidelines).

I give permission for any counselor to apply bug spray/sunscreen as needed to my child(ren) throughout the duration of camp.

Child(ren) Name: _____ **Parent/Guardian Signature:** _____

Camper Conduct-(please return this signed with the paperwork)

The staff is dedicated to providing a fun and safe environment that will make your child look forward to participating in camp each day.

Please review these guidelines and action plan with your camper.

To promote good behavior, campers must agree to abide by the following guidelines:

- ✓ I will be honest and respectful of peers, camp staff, equipment and myself.
- ✓ I will follow rules and directions at camp.
- ✓ I will keep my hands and feet to myself.
- ✓ I will not throw sticks, sand, rocks, dirt or mulch.
- ✓ I will always find a counselor when I need a drink or to use restroom.
- ✓ I will behave appropriately and use appropriate language.
- ✓ I will participate in camp activities with a positive attitude.
- ✓ I will always show good sportsmanship.
- ✓ I will stay with my assigned buddy.
- ✓ I will stay with the camp counselors and camp group at all times.
- ✓ I will do my best to have FUN!

Disciplinary Action Plan

Camper will receive one warning.

After warning:

- 1st 15 minutes sit out behavior will be logged
- 2nd 30 minutes sit out behavior will be logged
- 3rd Sit-out the entire day. Director will be called and will notify parent/guardian at pick-up.

When a sit-out is used as a disciplinary action, the camper will be placed in an area that is within sight and sound of the staff.

Before the camper rejoins the activity, the camper will be reminded of the behavior guidelines and will be redirected to a more appropriate behavior. All disciplinary actions will be documented and parents will be notified.

Inappropriate behavior, language, writing or drawings, etc. will be discussed with the camper's parent/guardian.

If a camper's behavior at any time threatens the immediate safety of him/her, other campers or staff, the parent/guardian will be notified and expected to pick-up the child immediately.

Physical aggression, bullying, harassment or running away from the group may warrant visitation by a law enforcement officer.

We appreciate your co-operation.

Parent Signature: _____ Campers Signature: _____

RELEASE FORM – TOW RECREATION ACTIVITIES

_____ (*Name of Participant*) does hereby covenant and agree to release and hold harmless the Town of Webb from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out participation in any/all Town of Webb activities.

I understand participation in any/all activities involves rigorous physical activity and risks of physical injury, and I assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment.

I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this event. I have checked with my physician before participating in any activity. I understand that these activities can result in serious injury, death, illness, and loss of any kind. I understand that such risk cannot be eliminated without jeopardizing the essential qualities of the Activity. I promise to accept and assume all of the risk and responsibilities for loss of any kind, injury, death, and illness to myself and the participant(s) undersigned on the Town of Webb premises, including those that may arise out of negligence of other participants. I also hereby agree to indemnify, hold harmless and defend Town of Webb their employees and agents from any and all claims resulting from injuries, including death, damages and loss sustained by anyone, which arise out of or are in any way associated with my conduct or the conduct of those individuals participating under my supervision and/or the activities of the facility, I acknowledge that myself and the participant(s) undersigned may require medical assistance, which I acknowledge will be at my own expense or the expense of my personal insurers. I represent and affirm that I have adequate and appropriate insurance to provide coverage for such medical expenses.

I am aware that there are age and weight limits of certain activities for the safety of different age groups of participants at Town of Webb.

In consideration of Town of Webb allowing my participation and the participation of the undersigned, I, for myself and the participant(s) undersigned and/or legal ward, heirs, administrators, personal representatives, or assigns hereby voluntarily release, waive, and forever discharge and covenant not to sue Town of Webb and its employees, officers, and all other persons or entities acting on its behalf.

I understand the effect of this waiver and acceptance of risk on my legal rights. By signing this release of liability agreement and participating at Town of Webb property, it is my intention to assume all risk of injury and I for myself and the participant(s) undersigned. I hereby fully and forever release and discharge indemnify and hold harmless Town of Webb, its employees, the property and/or all other persons or entities acting on its behalf from any and all liabilities, claims, demands, damages, rights of action, suits or causes of action present or future, whether they be known or unknown, anticipated or unanticipated, resulting from or arising in any way out of my use or intended use of said premises, facilities or equipment to the fullest extent permitted by law. I fully and forever release and discharge the released parties and their employees and

Town of Webb from any and all negligent acts and omissions in the same, and intend to be legally bound by this release to the fullest extent permitted by law.

I have read the above medical permission authorization and by signing it agree that it is my intention to exempt (sic) and relieve Town of Webb from all liability arising as the result of this medical authorization.

You have the right to refuse to sign this form and Town of Webb has the right to refuse to let you participate if you do not sign this form.

By signing this you are also giving permission for any photos that are taken of me in this activity can be used in a variety of media.

Please sign your first and last name below and make it legible.

PRINTED NAME OF PARTICIPANT UNDER 18 _____

PRINTED NAME OF LEGAL GUARDIAN SIGNING FOR THE ABOVE PARTICIPANT

SIGNATURE OF LEGAL GUARDIAN _____

DATE OF SIGNATURE OF LEGAL GUARDIAN _____

IMPORTANT PARENT/CHILD INFORMATION IF YOUR CHILD IS SIGNED UP FOR ADVENTURE DAY KAMP 2026

❖ *Please keep the following pages for your records*

What should my child *wear* and *bring* to camp every day?

WEAR

- SOCKS & SNEAKERS FOR SPORTS AND HIKING
- SUNSCREEN & BUG SPRAY (see permission slip)
- BATHING SUIT & TOWEL- the sand is too hot to sit on!

*Special Trips requirements are listed below.

BRING

- WATER BOTTLE (water throughout the day-juice box optional for lunch)
- SUN SCREEN & BUG SPRAY
- CHANGE OF CLOTHES
- LUNCH-Lunches are not refrigerated; therefore, be sure to use safety precautions when packing lunch)
- KLEENEX
- LIGHT JACKET/SWEATER
- HAND SANITIZER
- BACK PACK (no wheels/rolling pack backs due to safety hazards)
- FLIP FLOPS

Please label everything and put it in a backpack.

❖ **Please remember to have your child eat a big breakfast. Our camp day is short and filled with fun and adventure. Lunch time is between 11:30am and 12:15pm depending on where we are that day and what we are doing. Please note we will not be placing lunches in refrigerators and to pack accordingly.**

Communicating with your Child during Kamp Hours

Do you need to get an urgent message to your child?

Please contact only the Lead Counselors or Camp Director. If your call or text is not answered immediately, please be patient and one of us will respond as soon as we are available.

Why?

All Counselors will have minimal usage of their cell phones throughout the day. Our primary goal is to be attentive to your child(ren)s needs, the activity at hand and the safety of your child(ren).

Moose River Farms

This trip will include hands-on time with the animals and a hike. Anne will provide information on the animals. She will tell us what they eat, how she takes care of them and how she acquired each member of her family.

The Strand

Bob and Helen offer the campers a private showing of a fun movie for the campers!

Nutty Putty Golf

Campers will enjoy a day of golf. Every year the campers enjoy eating ice cream while singing 'Happy Birthday' to Benny!

Fishing Day

Campers will be joined by the DEC for a fun day of fishing! This camp favorite activity will have a mini fishing contest with best catch, smallest fish and more!

VIEW

We will be taking a trip to the VIEW Arts Center. Campers will create their own beaded bracelets and bringing out their creative sides with coloring projects! We will enjoy a lunch in the courtyard.

Beach Day, Water Day

In addition to the items above, please have your child **WEAR** a bathing suit under his/her outfit, pack flip flops and **bring** a towel on the days we are at the TOW Beach and Sprinkler/Water Day at North Street.

Sunscreen and Bug Spray (Department of Health Guidelines)

If your child cannot apply sunscreen/bug spray, or is not able to do it well enough, a counselor can assist only if we have a signed permission form by the parent/guardian.

Personal Belongings

Please ***do not*** send any personal belongings to camp, such as toys, stuffed animals, cell phones, iPods, trading cards, makeup etc. It becomes a distraction for your child, other children and it takes away from our activity time. Children will be asked to keep these items in their backpack or counselor will hold item until end of day.

Lost & Found

It is extremely important to label everything your child brings to camp. Items left at the beach will be put in the beach lost and found bucket. Items left at camp will be left at North St or the Recreation Office located in the Park Ave Building. Please call if you are missing something. Items remaining after August 8, 2026 will be discarded.

Fire Drills (Department of Health Guidelines)

For safety purposes, multiple fire drills will be conducted throughout the duration of camp. If you would like more information, please contact Hannah.

Why Do We Have RED Camp Shirts?



Campers will receive a shirt with The Town of Webb *Adventure Day Kamp* name and logo. When we wear our shirts, it helps the counselors identify our campers and it also helps the campers stay with our group when we are in public at a very large and busy place. We will keep the shirts at camp and give them to the campers on appropriate days. Your camper will take home his/her shirt the last day of camp. Camp Counselors will be wearing different color shirts for quick identification.

Drop Off/Pick Up Procedures

Drop off and Pick up times will be consistent regardless of location, unless the activity requires more travel time. Locations may change at the last minute due to a particular activity or weather conditions. We will do our best to keep you up-to-date on all changes. Please continue to check the schedule, emails and text notifications.

Drop off: 9:00 a.m.

Pick up: 1:00 p.m.

We ask that campers be dropped off and picked up ***promptly*** at 9:00 a.m. and again at 1:00 p.m. (unless there is a schedule change).

Check In/Check Out System (Department of Health Guidelines)

In the morning and at the end of the day, please find the counselor with the clipboard and sign your child/children in and out. We will have a name tag for your child to wear for the first few days so everyone can get acquainted. This system is also designed for the safety of the children. Only the names listed on the permission form will be able to drop off/pick up your child. If you wish to add an additional person, please give us something in writing. If your child is unable to attend camp, it is helpful if you contact the Recreation Manager, Hannah at 315-399-0748.

Activities

As we try to organize interesting and different adventures for the campers, it may be necessary for some campers to do modified/different activities that correspond more appropriately with their age and safety.

Lost Camper/Swimmer (Department of Health Guidelines)

For safety purposes a brief discussion with the campers will be given within the first 5 days on why the 'buddy system' is important and the procedure on locating a missing camper or swimmer.

Facebook, Website, Newspaper and other Social Media

We are always trying to improve upon our communications with parents and the community. For your convenience, you can refer to the Recreation Department Facebook page for pictures and updates.

Our local papers will be invited to cover some of our events and some pictures will be used in our advertisements.

Facebook@ [townofwebbrecreationdepartment](https://www.facebook.com/townofwebbrecreationdepartment)

Website@ www.townofwebbrecreation.com

www.townofwebbny.gov

Beach and other Water Activities (Department of Health Guidelines)

We are very fortunate to live in a town with a beautiful beach. One day is set aside for each child's swimming ability to be assessed by a Water Safety Instructor (WSI) lifeguard. This lifeguard will put each camper in a specific group based on their swimming ability. **Any child that misses the day of assessment (see schedule) will be considered a non-swimmer and be placed in the designated non-swimmer area regardless of their swimming ability. There are no exceptions to this rule.** Color coded wristbands will be worn by the children at all times while in or near the water. Each counselor will be assigned a group of children. Each child will be assigned a 'buddy'. After the groups are made and the buddies are chosen, we explain to the children they need to talk to their counselor first about the choice of location they wish to make on the beach. Children are required to make their counselor aware when they are going into the water (with their buddy), getting out of the water, or playing in the sand.

Our counselors are constantly doing a head count of not only their group, but the whole group as well. Each counselor is assigned a 'zone' at the beach. The zones are as follows: Right Side of Beachfront, Middle of Beachfront, Left side of Beachfront, Sand, and Swings. Depending on where the majority of the children are playing will determined how the counselors are dispersed. The other counselors will be dispersed throughout the water and on land.

Other possible trips with water will include the Waterpark and Nicks Lake. Once we arrive, we will discuss with the lifeguards a positioning plan that compliments their routine.

Please note, camp does not provide swim lessons or flotation devices. Campers are not allowed to bring flotation devices to the beach or on water trips.

Illness/Symptomatic Policy

Campers that are exhibiting any symptoms that include; Fever or chills (100.0°F or greater) • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of smell or taste • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea... should not be attending camp.

Campers that vomit or complain of a stomach ache will be sent home.

If a camper presents COVID-19 symptoms at camp, a call home will be initiated requesting pickup of all campers within the household. Please know that this is out of an abundance of caution until the ill student can be seen by a medical professional allowing COVID-19 to be ruled out. All campers within the same household should stay home to be extra cautious if a member of the house is ill with potential COVID-19 symptoms.

Injuries

If a camper gets injured during camp, we will log the injury and indicate what the injury was and what we did. An injury may require a 911 call at the discretion of a counselor or Director.