



August 25, 2025

Hello Everyone,

The Town of Webb Recreation Department is excited to announce their new youth program Forest Club!

As we strive to encourage self growth, thinking outside of the box and social growth through new weekly activities, we are thrilled to launch our pilot program in hope to bring unique nature lessons to our local youth!

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 of course would be able to welcome additional signees with adult volunteers. If you or someone you know is interested in volunteering please reach out to towrecreation@townofwebbny.gov.

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

Club Overview

The Town of Webb **Forest Club** will take place once a week through a multi-week program.

Ages: 4-8 years

Tuesdays 2:15pm to 3:45pm

September 16th through November 4th, 2025

225 North St, Recreation Center, Old Forge NY 13420

Child **must** turn 4 before September 16, 2025 and **must** be potty trained (no exceptions)

- ❖ All children must be able to hike and walk independently, especially on field trips.
- ❖ Current immunization forms and payment **MUST** accompany registration.

Fun activity themes will include:

With A Little Bit of Water We Can Grow

Plant Identification

Tree Journaling

Let's Rock

A Bugs Life

Nature Calls

Fun In The Sun

A Chirping Time

Fun activity themes will include:

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.com or call Hannah at 315-399-0748.

Town of Webb - Recreation Department

Forest Club 2025

Registration Form (one per child)

Participant Information

Child's Last Name: _____ First Name: _____

Date of Birth: __/__/____ Age: _____ Sex: _____ Grade (in Fall 2025): _____

Primary Address: _____

Parent/Guardian Information

Name: _____ Relationship: _____

E-mail: _____ Cell #: () _____ Home #() _____

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 pages of paperwork (PLUS immunization forms)

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

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

Town of Webb Forest Club

Permission for Child Drop off/Pick-up

****IF YOUR CHILD IS RIDING THE BUS FROM THE SCHOOL TO THE PROGRAM, YOU MUST ORGANIZE DIRECTLY WITH THE SCHOOL AND COMMUNICATE ANY SCHEDULE CHANGES THROUGH THE SCHOOL. THERE WILL BE NO BUS PICK-UP FOLLOWING THE PROGRAM****

Will your child be riding the bus to the program? ☐ YES ☐ NO

If you select no, please note you will need to preapproval from the Recreation Manager if we can accommodate future bus drop-offs

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

Name of Person: _____

Relationship to Child: _____

Name of Person: _____

Relationship to Child: _____

Name of Person: _____

Relationship to Child: _____

Name of Person: _____

Relationship to Child: _____

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: 2:15 p.m.

Pick up: 3:45 p.m.

We ask that children be dropped off and picked up promptly at the scheduled times. (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 staff 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 club, it is helpful if you contact the Recreation Manager, Hannah at 315-399-0748.

Activities

Illness/Symptomatic Policy

Children 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 the club.

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

If a child presents COVID-19 symptoms at the club, a call home will be initiated requesting pickup of all children 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 children 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 child gets injured during club, 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 staff or staff.

Town of Webb Recreation Department

Medical History Form (to be completed for all programs) 2025

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 child:

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 child participating in club 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 the club.

Medications at Club (Department of Health Guidelines)

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

However, medications can be taken if a child 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 club staff if their child has a self-administered medication they carry to the club.

Please list the medications that your child will bring to club (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@oldfor-geny.com

Permission Slip for Bug Spray/Sunscreen

Please apply bug spray and sunscreen to your child every day before club. 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 staff to apply bug spray/sunscreen as needed to my child(ren) throughout the duration of the club.

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

Child 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 the club each day.

Please review these guidelines and action plans with your child.

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

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

Disciplinary Action Plan

Children will receive one warning.

After warning:

- | | | |
|-----------------|--|-------------------------|
| 1 st | 15 minutes sit out | behavior will be logged |
| 2 nd | 30 minutes sit out | behavior will be logged |
| 3 rd | The instructor will call and will notify the parent/guardian to have the child picked-up | |

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

Before the child rejoins the activity, the child 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 child's parent/guardian.

If a child's behavior at any time threatens the immediate safety of him/her, other children 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.

Parent must discuss the disciplinary action plan with the

We appreciate your co-operation.

Parent Signature: _____ Date: _____

Child's Signature: _____