



Hi Everyone,

The Town of Webb Recreation excited to open up their Summer Program Enrollments!

New this year is our TOW Explorer Club. This program will have our youth hikers learning a trail each week through trail safety, learning about your surroundings as well as fun life skills.

By the end of the program, you may have a future 46er in the making!

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 this new program!

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

TOW EXPLORER CLUB 2024 **Overview**

Ages: 10-15 years

Sundays

Spring 2024 through Fall 2024 (We will go as long as we have multiple hikers interested)
10:00am – 1:00pm (times may vary depending on trail)

- ❖ All hikers must be able to hike and walk independently
- ❖ All hikers must wear proper shoes, bring a backpack with water, snacks and lunch
- ❖ Current immunization forms must be submitted with application

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

Warm Regards,

Hannah M. Wheaton

Town of Webb - Recreation Department

2024 TOW Explorer Club

Registration Form (one per child)

Participant Information

Child's Last Name: _____ First Name: _____

Date of Birth: __/__/____ Age: _____ Sex: _____ Grade (in Fall 2024): _____

Primary Address: _____

Secondary Address: _____

Parent/Guardian Information

Name: _____ Relationship: _____

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

Liability Release:

By signing my name below, I hereby covenant and agree to release and hold harmless the Town of Webb and Town of Webb Recreation and Instructors 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/programs for my child.

I understand participation in any/all activities involves rigorous physical activity and risks of physical injury, and I assume these risks that may come to my child. I hereby consent to emergency transportation and treatment in the event of illness or injury for my child. I hereby accept responsibility for the payment of any emergency transportation or treatment for my child. I further certify that my child is in good physical condition, and I have no medical or physical conditions that would restrict my participation in this event. Please check with your child's physician before participating in any activity.

I give permission for any photos that are taken of my child in this activity can be used in a variety of media.

Parent/Guardian Signature: _____ Date: _____

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 Explorer Club
Activity Permission Form-Water & Land Trips

I give permission for _____
to attend trail trips to landscapes that may have rocks to club, water, bridges and rough terrain
with the Town of Webb **Explorer Club**. I acknowledge there will be nature interactions.

Comments/Notes: _____

Parent/Guardian Signature: _____

Name (Printed): _____

Date: _____

Emergency Contact Name: _____

Phone #: _____

Emergency Contact Name: _____

Phone #: _____

Town of Webb Explorer Club
Permission for Child Drop off/Pick-up

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

Name of Person: _____

Relationship to Hiker: _____

Name of Person: _____

Relationship to Hiker: _____

Name of Person: _____

Relationship to Hiker: _____

Name of Person: _____

Relationship to Hiker: _____

Any additional people added to this list during the program's season, must be put in writing and given to one of the instructor or

email the Manager at towrecreation@oldforgeny.com

Town of Webb Recreation Department

Medical History Form (to be completed for all programs) 2024

General Information (ONE PER CHILD)

Hikers 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: _____

Dietary Restrictions: _____

MENTAL, EMOTIONAL, SOCIAL HEALTH

Has the hiker:

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 hiker participating in hiking 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 hike

Medications at Explorer Club

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 hiker (bug spray and sunscreen are the only two exceptions).

However, medications can be taken if a hiker 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 Explorer Club Instructor / Manager if their child has a self-administered medication they carry to hiker.

Please list the medications that your child will bring to the adventure (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@oldforgeny.com

Permission Slip for Bug Spray/Sunscreen

Please apply bug spray and sunscreen to your child every day before the adventure. 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 hike.

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

Hikers 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 hiking each day.

Please review these guidelines and action plan with your hiker.

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

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

Disciplinary Action Plan

Hikers 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 | 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 hiker will be placed in an area that is within sight and sound of the staff.

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

If a hiker's behavior at any time threatens the immediate safety of him/her, other hikers 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: _____ Hiker's Signature: _____

IMPORTANT PARENT/CHILD INFORMATION IF YOUR CHILD IS SIGNED UP FOR EXPLORER CLUB 2024

❖ *Please keep the following pages for your records*

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

WEAR

- SOCKS & SNEAKERS FOR SPORTS AND HIKING
- SUNSCREEN & BUG SPRAY (see permission slip)
- BACKPACK WITH A LONG SLEEVE SHIRT AND PULLOVER PANTS IF IT'S A HOT DAY

Your instructor will send a list of suggested equipment prior to the start

BRING

- WATER BOTTLE (Suggested Two Large
- SUN SCREEN & BUG SPRAY
- CHANGE OF CLOTHES
- SNACKS / 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)
- Extra Socks

Please label everything and put it in a backpack.

- ❖ **Please remember to have your child eat a big breakfast. Our hikers will be having a fun filled day with an adventure. Lunch time is between 11:30 and 12:15 depending on where we are that day and what we are doing.**

Communicating with your Child during the Adventure

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

Please contact only the Explorer Instructor. If your call or text is not answered immediately, please be patient and one of us will respond as soon as we are available as some times service can be spotty on trails.

Sunscreen and Bug Spray (Department of Health Guidelines)

If your child is in-charge of supplying and applying their own sunscreen and bug spray

Personal Belongings

Please ***do not*** send any personal belongings on the adventure, such as toys, stuffed animals, cell phones, iPods, trading cards, makeup etc. It becomes a distraction for your child, other hikers and it takes away from our activity time. Hikers 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 the adventure and keep inside your backpack.

Items left at the adventure will be up to the parent and child to return trail and look for this item. Our instructor is not responsible for finding your lost item.

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 will be notified the week prior. In some cases, the adventure may be cancelled due to weather conditions or if the instructor is not able to make it.

On poor weather days, we will look into doing indoor activities if a space is available. Please continue to check the schedule, emails and text notifications.

Drop off: 10:00 a.m. Pick up: 1:00 p.m.

We ask that hikers are to be dropped off and picked up ***promptly*** at 10:00 a.m. and again at 1:00 p.m. (unless there is a schedule change).

Check In/Check Out System

At drop-off and pick-up, the instructor will have you sign-in or sign-out your hiker

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@ <https://townofwebbrecreation.com/> www.townofwebb.org or
www.oldforgeny.com

Illness/Symptomatic Policy

Hikers 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 hike.

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

If a Hiker that presents COVID-19 symptoms at adventure, a call home will be initiated requesting pickup of all hikers 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 hikers 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 hiker gets injured during the adventure, 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 instructor and Manager.