Forest Club is Back!

Bring unique opportunities to the Town of Webb local youth ages 7 years to 10 years of age through a multi-week program. The instructor will focus on new activities that are hands-on learning experiences directly connected with nature and life skills.

The Forest Club will welcome local youth between the ages of 7 and 10 years of age to register.

The program's goal is to encourage all participants to know there are multiple accomplishments to be had, lessons to be learned and skills set to be mastered. Ultimately, learning there will always be the next level that you can reach.

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

Ages: 7 years to 10years **Program Fee is $40**
Tuesdays: 1:15pm to 3:15pm **July 7th, 2026 through August 4th, 2026**

Location Pick-Up / Drop-Off:
Will your child be coming from Adventure Day Kamp: ○ **YES** ○ **NO**

July 7th:	North St Recreation Center
July 14th:	North St Recreation Center
July 21st:	Lakefront - Rain back-up North St Recreation Center
July 28th:	North St Recreation Center
August 4:	North St Recreation Center

Fun activity themes will include:
Mapping in the ADK, Local Birding, Hiker Safety 101, Geology Rocks!, and We Speak For the Trees. We will also have visits from guest speakers on a variety of topics!

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.**

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

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 - Recreation Department
Forest Club 2026

Registration Form (one per child)

Limited spots available

Participant Information

Child's Last Name: _____ First Name: _____

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

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*

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: _____

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: 1:15 p.m. Pick up: 3:15 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

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. 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.

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) 2026

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_____

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 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:

1st	15 minutes sit out	behavior will be logged
2nd	30 minutes sit out	behavior will be logged
3rd	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: _____

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 this form, acknowledge that it is my intention to release and hold harmless the Town of Webb from any liability arising from actions taken pursuant to this medical authorization.

I understand that I have the right to refuse to sign this form; however, the Town of Webb reserves the right to deny participation if this form is not signed.

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

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

_____ _____

PRINTED NAME OF PARTICIPANT SIGNATURE OF PARTICIPANT

_____

DATE OF SIGNATURE

_____ _____

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

THANK YOU.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT HANNAH WHEATON, RECREATION MANAGER AT TOWRECREATION@TOWNOFWEBBNY.GOV