



Hello Everyone,

This year it seems like the summer weather is taking its time to get here. Regardless, we are very excited for our Summer Programs to begin.

Please take the time to read through this packet. Based on the surveys from last year, there are some new and improved programs, and some time and date adjustments included on the 2019 summer program schedule.

Registration for Summer Programs such as camp, baseball, tennis, t-ball, kickball, badminton, and flag football will begin May 1 through June 15. It is extremely helpful if you register your child(ren) early so paperwork can be processed and shirts can be ordered prior to the start date of baseball and camp. Please return paperwork with payment (sorry-credit cards are not accepted). Please make all checks out to the Town of Webb. If you are signing up for baseball AND camp, please write a different check for EACH program. All paperwork and payment can be either dropped off at the Town of Webb Recreation Office, the Information Center or mailed to Town of Webb-Recreation Department, PO Box 157, Old Forge, NY 13420. 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 Jackie at 315-399-0748.

If you sign your child up for camp, the parent letter and schedule will be emailed to you no later than July 7th. Please check your email every day for changes/updates to the program schedule. Thank you for your interest in the Town of Webb's Summer Programs.

Warm Regards,

Jackie Englert

Recreation Program, Camp & Beach Director

Town of Webb - Recreation Department Summer Programs 2019

Registration Form (one per child)

Participant Information

Child's Name: _____

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

Street Address: _____

Mailing Address: _____

Parent/Guardian Information

Name: _____

Relation: _____ Contact E-mail: _____

Contact #: () _____ Cell _____ Landline _____

Summer Program(s)

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

*Child must turn 4 before June 30, 2019 and be **completely** potty trained

___ T-Ball (ages 5-8 years) Free (minimum participation is required)

___ Kickball (ages 6-10 years) Free (minimum participation is required)

___ Tennis (ages 7-12 years) Free (minimum participation is required)

___ Flag Football (TBA) Free (minimum participation is required & looking to fill a coach position)

___ Baseball (ages 8-12 years) \$25.00 (minimum participation is required)

___ Badminton (ages 11-14 years) Free (minimum participation is required)

If you sign up for a 'free' sport, please try to attend as many sessions as possible. Members of the team look forward to playing with you! ☺

Kamp Dates: July 8-August 9/Days: Monday-Friday/Time: 9am-1:00pm (one trip may last until 2:00)

Shirt size for **Kamp/Baseball**: Youth size: S__ M__ L__ XL__ XXL__ Adult size: S__ M__ L__ XL__ XXL__

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: _____

All completed paperwork (registration form, medical history, contact information and payment) should be returned to the Recreation Office no later than June 15st.

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| Office Use Only - Payment Amount: \$ _____ Payment Method: _____ Date Rec: __/__/____ |
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Town of Webb Recreation Department

Medical History Form 2019

General Information (ONE PER CHILD)

Name: _____ AGE: ____ DOB: _____

Address: _____

Emergency Contact Information

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Primary Care Physician Information

Name: _____ Phone #: _____

Known Medical Conditions: _____

Known Allergies (food or animal): _____

Medications: _____

Dietary Restrictions: _____
