THE SOUTHAMPTON YOUTH BUREAU IS NOW OFFERING

FREE

ACADEMIC SUPPORT

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

QUIET STUDY AREAS, COMPUTER ASSISTANCE, HOMEWORK HELP, AND INTERNET ACCESS

TUESDAY, WEDNESDAY, AND THURSDAY FROM 2:00PM - 5:00PM

NOVEMBER 3RD - DECEMBER 17TH

OPEN TO ALL AGES

SPACE IS LIMITED! PRE-REGISTRATION REQUIRED

FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU

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@SOUTHAMPTONYB

THE SOUTHAMPTON YOUTH BUREAU'S ACADEMIC SUPPORT REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER ONLINE AT HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT

PLEASE CHECK OFF WHICH DAY/S YOU WILL BE ATTENDING: TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐

Youth's Name: _____ Birth Date: _____ Gender: _____

Mailing Address: _____ Town: _____ Zip Code_____

Youth's Cell Phone Number: _____ Youth's Email Address: _____

School: _____ Grade: _____ Home Number: _____

Food Allergies or Other Health Concerns: _____

Guardian 1: _____ Cell Phone: _____ Guardian 1 Email: _____

Guardian 2: _____ Cell Phone: _____ Guardian 2 Email: _____

Emergency Contact Name _____

Home Phone _____ Cell Phone _____

The following have permission to pick up my child:

Name _____Relationship _____

How did you hear about this program? Please place a ✓ to which category (or categories) apply to you:

Postcard/Direct Mailing ____ Social Media ____ School ____ Town's Website ____ Email ____

Other: _____

I give permission for my child _____ to attend the Town of Southampton Youth Bureau's Academic Support program at the Flanders Youth Center, 655 Flanders Road from November 3rd - December 17th. I hereby shall release liability, waive any claims against, indemnify, defend and hold harmless the Town of Southampton, its officers, employees, contractors, agents and representatives from and against any and all demands, liabilities, losses, damages, expenses (including reasonable attorney's fees) and judgments relating to or arising from my child's participation in the Town of Southampton Youth Bureau's Academic Support program. I certify that my child's health and physical condition are appropriate for participation in these physical activities. **I also understand that because of the current COVID-19 pandemic, certain health and safety procedures outlined by NYS and the CDC will be implemented upon arrival & dismissal of my child. I understand that they are important to ensure a safe environment for my child, other youth participants, and all program staff involved.** In the event of a medical emergency and I cannot be reached, I authorize the Town of Southampton Youth Bureau staff to seek emergency medical treatment. I also consent to photographs being taken of my child, understanding they may be used for promotional purposes.

Parent/Guardian Signature: _____ Date: _____/_____/2020

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