

JOIN THE SOUTHAMPTON YOUTH  
BUREAU'S DISCOVERY CLUB FOR A  
STEAM SESSION OF

# **SUPERHERO SCIENCE**

What would Super-Man need to fly?  
Is it possible to have super human strength?  
Can spiderwebs support the weight of a person?  
Join us as we learn through experiments and projects!

**MONDAYS, MAR. 15TH - APR. 26TH**

**AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD**

**4:15PM - 5:30PM (OPEN TO GRADES K - 4)**

**5:45PM - 7:15PM (OPEN TO GRADES 5 - 8)**

**\$25/7 SESSIONS PRE-REGISTRATION REQUIRED**

**SPACE IS LIMITED!**

FOR MORE INFORMATION OR TO REGISTER, PLEASE  
CALL (631) 702-2425 OR VISIT  
[WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU](http://WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU)



**SOUTHAMPTON YOUTH BUREAU**

**@SOUTHAMPTONYB**

# THE SOUTHAMPTON YOUTH BUREAU'S SUPERHERO SCIENCE REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT (CHECK OR  
MONEY ORDER) PAYABLE TO: TOWN OF SOUTHAMPTON - SUPERHERO SCIENCE,  
655 FLANDERS ROAD, FLANDERS, NY 11901

**PAY BY CREDIT CARD!**



Online registrations are now available! Payments may be paid with Visa, MasterCard, Discover or American Express.  
All online registrations will be subject to a 2.5% non-refundable convenience fee. To register online, please visit  
<http://www.southamptontownny.gov/YBpayment>

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 Superhero Science program at the Flanders Youth Center, 655 Flanders Road from March 15<sup>th</sup> - April 26<sup>th</sup>. 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 Superhero Science 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: \_\_\_\_\_/\_\_\_\_\_/2021

**REGISTRATION IS NOT COMPLETE UNLESS PAID IN FULL! NO REFUNDS!**  
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