

THE SOUTHAMPTON YOUTH BUREAU'S

WINTER BREAK SCHEDULE

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

**WEDNESDAY, FEBRUARY 22ND FROM 4:30PM - 7:30PM:
HANDS-ON SCIENCE FUN WITH THE LONG ISLAND SCIENCE CENTER
\$20 ADMISSION (GRADES K - 4)**

**THURSDAY, FEBRUARY 23RD FROM 4:30PM - 7:30PM:
AMONG US LIVE ACTION GAME NIGHT & VIDEO GAME TOURNAMENT -
PIZZA WILL BE PROVIDED! (GRADES 5 - 8)**

**FRIDAY, FEBRUARY 24TH FROM 4:30PM - 7:30PM:
CHOCOLATE MAKING CLASS WITH CHEF STEVE AMARAL
FROM NORTH FORK CHOCOLATE COMPANY -
DINNER & A MOVIE TO FOLLOW. \$10 ADMISSION (GRADES 5 - 8)**



SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED BY TUESDAY, FEBRUARY 21ST.

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



SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB

THE SOUTHAMPTON YOUTH BUREAU'S WINTER BREAK REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT (CHECK OR MONEY ORDER) PAYABLE TO:
TOWN OF SOUTHAMPTON - WINTER BREAK SCHEDULE, 655 FLANDERS ROAD, FLANDERS, NY 11901
OR REGISTER & PAY ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT).

SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED BY TUESDAY, FEBRUARY 21ST.

I AM SIGNING MY CHILD UP FOR: WED, FEB. 22ND (\$20 FEE ATTACHED) THURS, FEB. 23RD (FREE!) FRI, FEB. 24TH (\$10 FEE ATTACHED)

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 Winter Break Schedule at the Flanders Youth Center, 655 Flanders Road from February 22nd 2023 - February 24th 2023. 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 Winter Break programs. I certify that my child's health and physical condition are appropriate for participation in these physical activities. 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 and video being taken of my child, understanding they may be used for promotional purposes.

Parent/Guardian Signature: _____ Date: _____

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