

THE SOUTHAMPTON YOUTH BUREAU'S

# CHESS

## Club



AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

**TUESDAYS 6:00PM - 7:30PM**

**JANUARY 6TH - JUNE 16TH**

NO PROGRAM ON FEB. 17 & APRIL 7 **\$60 FOR THE ENTIRE PROGRAM**

OPEN TO GRADES K - 8 **PRE-REGISTRATION REQUIRED - SPACE IS LIMITED!**

**CHALLENGE YOURSELF, BUILD SELF-CONFIDENCE, MEET NEW FRIENDS, REDUCE STRESS, AND LEARN STRATEGY & DISCIPLINE!**

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



SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB

# THE SOUTHAMPTON YOUTH BUREAU'S CHESS CLUB REGISTRATION FORM

**MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT (CHECK OR MONEY ORDER) PAYABLE TO:  
TOWN OF SOUTHAMPTON - CHESS CLUB, 655 FLANDERS ROAD, FLANDERS, NY 11901 OR  
REGISTER & PAY ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](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 Chess Club program at the Flanders Youth Center, 655 Flanders Road from January 6<sup>th</sup> 2026 - June 16<sup>th</sup> 2026. 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 Chess Club program. 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: \_\_\_\_\_

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