THE SOUTHAMPTON YOUTH BUREAU'S

BASKETBALL CLINIC

AT SOUTHAMPTON YOUTH SERVICES (SYS), 1370A MAJORS PATH

FRIDAYS FROM JANUARY 16TH - MAY 15TH

$50 FOR ALL 13 SESSIONS

5:00PM - 7:00PM OPEN TO GRADES 7 - 12

TRANSPORTATION AVAILABLE FROM THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED!
FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT

SOUTHAMPTON YOUTH BUREAU

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@SOUTHAMPTONYB

THE SOUTHAMPTON YOUTH BUREAU'S BASKETBALL CLINIC REGISTRATION FORM

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

NO PROGRAM ON FEBRUARY 20, MARCH 27, APRIL 3, APRIL 10, AND MAY 1

NEED A RIDE? CALL (631) 702-2425 TO RESERVE TRANSPORTATION!

	Departs	Returns
Flanders Community Center	**4:15pm**	**7:30pm**

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

Ethnicity: Hispanic or Latino _____ White or Caucasian _____ Black or African American _____ American Indian or Alaskan Native _____

Asian _____ Native Hawaiian or Pacific Islander _____ Prefer not to say _____

Mailing Address: _____ Town: _____ Zip Code_____

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

School: _____ Grade: _____ Home Number: _____

Food Allergies or Other Health Concerns: _____

Does your child have an I.E.P. or other accommodations in school? _____

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 Basketball Clinic program at Southampton Youth Services (SYS), 1370a Majors Path from January 16th 2026 - May 15th 2026. If transportation is needed, I also give my child permission to be transported to/from the designated bus stops listed on this form. 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 Basketball Clinic 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: _____

$50 FOR ALL 13 SESSIONS - REGISTRATION IS NOT COMPLETE UNLESS PAID IN FULL! NO REFUNDS!

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