

A SOUTHAMPTON YOUTH BUREAU EVENT:

3 ON 3

BASKETBALL TOURNAMENT

FRIDAY, MARCH 27TH

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

**SIGN-IN FROM 6PM - 6:45PM // TOURNAMENT FROM 7PM - 10PM
OPEN TO GRADES 5 - 12 WITH MIDDLE & HIGH SCHOOL BRACKETS
\$45/TEAM (\$15/PLAYER) SPACE IS LIMITED - NO REFUNDS!**

**TEAM PRE-REGISTRATION IS REQUIRED
BY MONDAY, MARCH 23RD**

TRANSPORTATION AVAILABLE FROM SELECT LOCATIONS

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



**SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB**

3 ON 3 BASKETBALL TOURNAMENT REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT TO THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD, FLANDERS, NY 11901. CHECKS MUST BE MADE OUT TO "TOWN OF SOUTHAMPTON". REGISTRATION CAN ALSO BE COMPLETED ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://www.southamptontownny.gov/ybpayment). SPACE IS LIMITED - PRE-REGISTRATION REQUIRED BY MONDAY, MARCH 23, 2026 FOR \$45/TEAM OR \$15/PLAYER. **NO REFUNDS - PAYMENT IS FINAL!**

TRANSPORTATION SCHEDULE (PLEASE CIRCLE ONE BUS STOP)

Pick Up		Drop Off
5:45 pm	Flanders Community Center	10:30 pm
6:00 pm	Hampton Bays Community Center	10:20 pm
6:10 pm	Shinnecock Community Center	10:10 pm
6:20 pm	SYS	10:00 pm

TEAM NAME: _____ **(EACH PLAYER MUST COMPLETE A REGISTRATION FORM!)**

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 3 on 3 Basketball Tournament program at Southampton Youth Services (SYS), 1370a Majors Path on Friday, March 27th 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 3 on 3 Basketball Tournament 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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