



THE SOUTHAMPTON YOUTH BUREAU AND  
OUR FABULOUS VARIETY SHOW PRESENTS:

# TEEN VIEWS

CREATE STORIES FOR TV AND SOCIAL MEDIA USING  
ROLE PLAY, IMPROV, AND ON-CAMERA PRACTICE WHILE  
COVERING REAL LOCAL ISSUES, PROGRAMS, AND EVENTS.

PROGRAM BEGINS FEBRUARY 26TH. MEETINGS  
ARE HELD ON THURSDAYS FROM 6:30PM -  
8:00PM AT THE HAMPTON BAYS COMMUNITY  
CENTER, 25 PONQUOGUE AVE

OPEN TO GRADES 7 - 12  
COMMUNITY SERVICE CREDITS AVAILABLE  
**PRE-REGISTRATION IS REQUIRED!**

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



SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB



# THE TOWN OF SOUTHAMPTON YOUTH BUREAU'S TEEN VIEWS REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER ONLINE AT  
[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: \_\_\_\_\_

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

**Optional:** Ethnicity: Prefer not to say \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ White or Caucasian \_\_\_\_\_ Black or African American \_\_\_\_\_ American

Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_

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 Teen Views program on Thursdays from February 2026 - June 2026 at the Hampton Bays Community Center, 25 Ponquogue Ave. 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 Teen Views 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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