

THE TOWN OF SOUTHAMPTON YOUTH BUREAU PRESENTS:

# VIDEO GAME TOURNAMENT

## WEDNESDAY, APRIL 8TH

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD  
REGISTRATION AT 12:30PM // TOURNAMENT FROM 1PM - 5PM  
OPEN TO GRADES 5 - 12 // \$10 ADMISSION



**BYOC! PARTICIPANTS ARE ENCOURAGED TO BRING YOUR OWN CONTROLLER! TOURNAMENT WILL FEATURE SUPER SMASH BROS. ULTIMATE & MARIO KART ON NINTENDO SWITCH.**

**EXTRA GAME SYSTEMS WILL BE AVAILABLE FOR FREE PLAY & PRACTICE. WINNERS WILL BE ENTERED TO WIN PRIZES COURTESY OF FRIENDS OF SOUTHAMPTON TOWN YOUTH (FOSTY).**

**PRE-REGISTRATION IS RECOMMENDED BUT NOT 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

# VIDEO GAME TOURNAMENT REGISTRATION FORM

MAIL OR HAND DELIVER COMPLETED FORM ALONG WITH \$10.00 PAYMENT

(CASH, CHECK, OR MONEY ORDER) PAYABLE TO:

TOWN OF SOUTHAMPTON – VIDEO GAME TOURNAMENT, 655 FLANDERS RD, FLANDERS, NY 11901  
OR REGISTER ONLINE AT [WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT)

**PAYMENTS ARE FINAL - NO REFUNDS!**

**TOURNAMENT WILL INCLUDE SUPER SMASH BROS. ULTIMATE & MARIO KART 8  
ON THE NINTENDO SWITCH. ADDITIONAL GAMES ON XBOX ONE,  
PS4, AND NINTENDO SWITCH WILL BE AVAILABLE FOR FREE-PLAY & PRACTICE.**

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 Video Game Tournament program at the Flanders Youth Center, 655 Flanders Road on Wednesday, April 8<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 Video Game 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: \_\_\_\_\_

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