

# THE TOWN OF SOUTHAMPTON YOUTH BUREAU'S **SPRING BREAK**

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

**TUESDAY, APRIL 7TH: TUESDAY ON THE GO TRIP TO ESCAPE GAMES LI!  
\$35 ADMISSION | OPEN TO GRADES 5 TO 10 | BRING MONEY FOR  
DINNER STOP | 4:00 PM TO 8:00 PM | TRANSPORTATION INCLUDED**

**WEDNESDAY, APRIL 8TH: VIDEO GAME TOURNAMENT AT FLANDERS  
YOUTH CENTER | COMPETE LIVE IN A FRIENDLY ENVIRONMENT!  
\$10 ADMISSION | OPEN TO GRADES 5 AND UP | 1:00 PM TO 5:00 PM**

**THURSDAY, APRIL 9TH: TRIP TO VANDERBILT PLANETARIUM TO  
EXPLORE NATURE AND OUTER SPACE! | \$10 ADMISSION | OPEN TO  
GRADES K TO 4 | 12:30 PM TO 5:30 PM | TRANSPORTATION INCLUDED**

**FRIDAY, APRIL 10TH: TRIP TO SYS IN SOUTHAMPTON FOR SPORTS AND  
PLAYGROUND FUN PLUS PIZZA! | FREE | OPEN TO GRADES K TO 4  
1:00 PM TO 6:00 PM | TRANSPORTATION INCLUDED**

**SPACE IS LIMITED! PRE-REGISTRATION & PAYMENT REQUIRED  
BY FRIDAY, APRIL 3RD**

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



SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB



# THE SOUTHAMPTON YOUTH BUREAU'S SPRING BREAK REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT TO THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER AND PAY ONLINE AT  
[HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://www.southamptontownny.gov/ybpayment)

SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED BY FRIDAY, APRIL 3, 2026

I AM SIGNING MY  
CHILD UP FOR:

TUES, APRIL 7  
ESCAPE GAMES LI  
GRADES 5 TO 10

WED, APRIL 8  
VIDEO GAME TOURNAMENT  
GRADES 5 TO 12

THURS, APRIL 9  
VANDERBILT PLANETARIUM  
GRADES K TO 4

FRI, APRIL 10  
TRIP TO SYS  
GRADES K TO 4

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? \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Guardian 1 Email: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Guardian 2 Email: \_\_\_\_\_

Ethnicity (optional): 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 \_\_\_\_\_

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 Spring Break Schedule at the Flanders Youth Center, 655 Flanders Road from Tuesday, April 7, 2026 - Friday, April 10, 2026. I also give permission for my child to be transported on Tuesday, April 7, 2026 from the Flanders Youth Center, 655 Flanders Road to Escape Games LI, 718 Portion Road, Ronkonkoma (round trip), on Thursday, April 8, 2026 from the Flanders Youth Center, 655 Flanders Road to Vanderbilt Planetarium, 180 Little Neck Road, Centerport (round trip), and on Friday, April 10, 2026 from Flanders Youth Center to SYS, 1370a Majors Path, Southampton (round trip). 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 Spring Break programs. I certify that my child's health and physical condition are appropriate for participation in these 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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