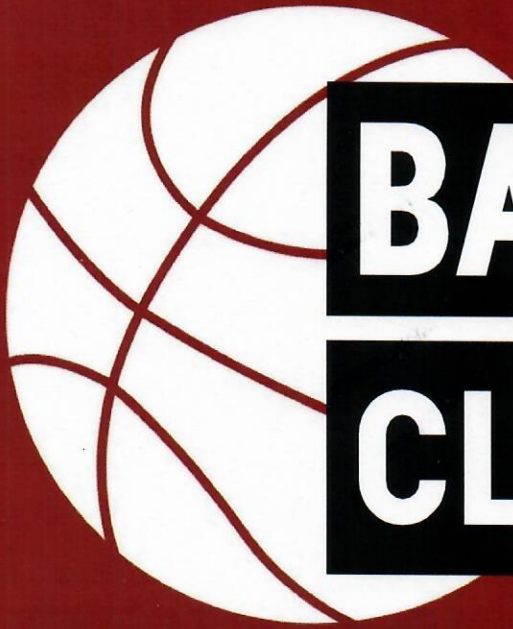


THE SOUTHAMPTON YOUTH BUREAU'S



BASKETBALL

CLINIC AT SYS

1370A MAJORS PATH, SOUTHAMPTON

**EVERY FRIDAY FROM
NOVEMBER 6TH - DECEMBER 18TH**

\$20/7 SESSIONS 5PM - 7PM OPEN TO GRADES 7 - 12

FACE MASKS MUST BE WORN AT ALL TIMES



**LIMITED TRANSPORTATION AVAILABLE
FROM THE FLANDERS YOUTH CENTER,
655 FLANDERS ROAD. BUS LEAVES
AT 4:15PM AND RETURNS AT 7:30PM.**

**PRE-REGISTRATION REQUIRED!
SPACE IS LIMITED TO 20 PARTICIPANTS!**

FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR
VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YOUTH BUREAU



SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB

APPROVED

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

PAY BY CREDIT CARD!



Online registrations are now available! Payments may be paid with Visa, MasterCard, Discover or American Express. All online registrations will be subject to a 2.5% non-refundable convenience fee. To register online, please visit <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: _____

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, 1370a Majors Path from November 6th - December 18th. If transportation is needed, I give permission for my child to be transported round-trip from the Flanders Youth Center, 655 Flanders Road to Southampton Youth Services, 1370a Majors Path. 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. **I also understand that because of the current COVID-19 pandemic, certain health and safety procedures outlined by NYS and the CDC will be implemented upon arrival & dismissal of my child. I understand that they are important to ensure a safe environment for my child, other youth participants, and all program staff involved.** 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 being taken of my child, understanding they may be used for promotional purposes.

Parent/Guardian Signature: _____ Date: _____/_____/2020

REGISTRATION IS NOT COMPLETE UNLESS PAID IN FULL! NO REFUNDS!
FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU

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