



The Southampton Youth Bureau's

F.A.S.T.

**FUN ACTIVITIES WITH SNACKS AND TIME TO DO HOMEWORK
AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD**

EVERY MONDAY BEGINNING SEPTEMBER 19TH

PROGRAM ACTIVITY & SNACK 4:00PM - 5:00PM

HOMEWORK HELP 5:00PM - 6:00PM

**MAKE NEW FRIENDS, LEARN SOCIAL SKILLS, AND PARTICIPATE IN
SOCIAL-EMOTIONAL GROWTH ACTIVITIES.**

OPEN TO GRADES K - 4

**SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED! FOR MORE INFORMATION, PLEASE
CALL (631) 702-2425 OR VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU**



**SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB**

APPROVED

Handwritten signature

THE SOUTHAMPTON YOUTH BUREAU'S F.A.S.T. 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**

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 F.A.S.T. program from September 2022 - June 2023 at the Flanders Youth Center, 655 Flanders Road. I hereby shall release my child, my 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 F.A.S.T. 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



SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB

APPROVED

[Handwritten signature]