

THE SOUTHAMPTON YOUTH BUREAU PRESENTS

JAPAN KARATE ASSOCIATION OF THE HAMPTONS

# KARATE CLASSES

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS RD



**THURSDAYS, 5:30PM - 6:30PM**

**BEGINNING SEPTEMBER 23RD**

**OPEN TO AGES 5 - 12**

**PRE-REGISTRATION REQUIRED - SPACE IS LIMITED!**

**WEAR ATHLETIC CLOTHING**

**\$80/MONTH - SIBLING RATES AVAILABLE UPON REQUEST**

**SUBMIT REGISTRATION FORM TO SOUTHAMPTON YOUTH BUREAU,  
655 FLANDERS ROAD, FLANDERS, NY, 11901.**

**MAKE CHECKS PAYABLE TO JKA HAMPTONS**

**PLEASE CONTACT HELENE ELY, ASSISTANT INSTRUCTOR AT  
(631) 875-8968 REGARDING PAYMENT QUESTIONS.**

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



**SOUTHAMPTON YOUTH BUREAU**

**@SOUTHAMPTONYB**

# THE SOUTHAMPTON YOUTH BUREAU'S KARATE REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD, FLANDERS, NY 11901

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 Karate program at the Flanders Youth Center, 655 Flanders Road beginning September 23<sup>rd</sup>. 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 Karate 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: \_\_\_\_\_/\_\_\_\_\_/202

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