

THE SOUTHAMPTON YOUTH BUREAU'S

# **BASKETBALL CLINIC**

**AT PHILLIPS AVE ELEMENTARY  
SCHOOL, 141 PHILLIPS AVE**

**EVERY FRIDAY FROM FEBRUARY 4TH - APRIL 8TH**

**RESIDENT: \$25/10 SESSIONS    NON-RESIDENT: \$35/10 SESSIONS**  
**5:00PM - 7:00PM    OPEN TO GRADES 7 - 12**

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**SPACE IS LIMITED TO 20 PARTICIPANTS AND  
PRE-REGISTRATION IS REQUIRED.**

**TRANSPORTATION IS AVAILABLE FROM SELECT LOCATIONS!**

**FOR MORE INFORMATION, 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 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 OR REGISTER & PAY ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWN.NY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWN.NY.GOV/YBPAYMENT).

**NEED A RIDE? CALL (631) 702-2425 TO RESERVE TRANSPORTATION!**

**Pick Up**

4:15pm

4:30pm

4:45pm

Southampton McDonalds

Hampton Bays High School

Flanders Community Center

**Return**

7:45pm

7:30pm

7:15pm

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 Phillips Ave Elementary School, 141 Phillips Ave from February 4<sup>th</sup> - April 8<sup>th</sup>. If transportation is needed, I give permission for my child to be transported round-trip to/from the locations listed on this form. 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: \_\_\_\_\_/\_\_\_\_\_/2022

**REGISTRATION IS NOT COMPLETE UNLESS PAID IN FULL! NO REFUNDS!**

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