



THE SOUTHAMPTON YOUTH BUREAU'S

BASKETBALL CLINIC

**AT SOUTHAMPTON YOUTH SERVICES
(SYS), 1370A MAJORS PATH**

EVERY FRIDAY FROM SEPT. 23RD - DEC. 16TH

NO PROGRAM ON NOV. 11TH, NOV. 25TH, AND DEC. 2ND

RESIDENT: \$25/10 SESSIONS NON-RESIDENT: \$35/10 SESSIONS

5:00PM - 7:00PM OPEN TO GRADES 7 - 12

**SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED.
TRANSPORTATION AVAILABLE FROM SELECT LOCATIONS!**

**FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR
VISIT 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

4:25pm

4:45pm

5:00pm

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 Southampton Youth Services (SYS), 1370a Majors Path from September 23rd 2022 - December 16th 2022. 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. 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: _____

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

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