

THE SOUTHAMPTON YOUTH BUREAU'S

TGIF IT'S FRI-YAY!

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

GAMES & ACTIVITIES, ARTS & CRAFTS, SPORTS, MOVIE NIGHTS,
VIDEO GAME TOURNAMENTS AND MORE!

PROGRAM IS HELD ON FRIDAYS FROM SEPT. 23RD - DEC. 16TH

GRADES K - 4 4:00PM - 6:00PM | GRADES 5 - 8 6:00PM - 8:00PM

FREE! PRE-REGISTRATION REQUIRED - SPACE IS LIMITED!

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



SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB



THE SOUTHAMPTON YOUTH BUREAU'S TGIF IT'S FRI-YAY REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER,
655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER ONLINE AT
[HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](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 TGIF IT'S FRI-YAY program at the Flanders Youth Center, 655 Flanders Road from September 23rd 2022 - December 16th 2022. 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 TGIF IT'S FRI-YAY 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: _____

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