



THE SOUTHAMPTON YOUTH BUREAU PRESENTS:

# HUSTLE FOR THE MUSCLE

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

**WEDNESDAYS FROM 4:00PM - 5:30PM**

**OCTOBER 26TH - DECEMBER 14TH**

**(NO CLASS ON NOVEMBER 23RD)**

---

**FREE & OPEN TO GRADES K - 2**

LEARN ABOUT THE IMPORTANCE OF LIVING A HEALTHY LIFESTYLE THROUGH PHYSICAL ACTIVITY, NUTRITION, PERSONAL HYGIENE, AND MENTAL SELF-CARE.

SPACE IS LIMITED & PRE-REGISTRATION IS REQUIRED! 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 HUSTLE FOR THE MUSCLE REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO:

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 Hustle for the Muscle program at the Flanders Youth Center, 655 Flanders Road from October 26<sup>th</sup> - December 14<sup>th</sup> 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 Hustle for the Muscle 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](http://WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU)



SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB