

THE SOUTHAMPTON YOUTH BUREAU PRESENTS:

TEEN VIEWS

**LEARN HOW TO BECOME A JOURNALIST! INTERVIEW,
CREATE CREDITABLE STORIES, FILM & EDIT VIDEO, AND
PRODUCE CONTENT FOR TV.**



**TEEN VIEWS IS HELD ON WEDNESDAYS
FROM 6:30PM - 8:00PM AT THE
HAMPTON BAYS COMMUNITY CENTER,
25 PONQUOGUE AVE
PROGRAM RESUMES JANUARY 4TH**



**OPEN TO GRADES 7 - 12
COMMUNITY SERVICE CREDITS
AVAILABLE
PRE-REGISTRATION IS REQUIRED!**

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



**SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB**

THE SOUTHAMPTON YOUTH BUREAU'S TEEN VIEWS REGISTRATION FORM

**MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER,
655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER ONLINE AT
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 Teen Views program on Wednesdays from January 2023 - June 2023 at the Hampton Bays Community Center, 25 Ponquogue Ave. 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 Teen Views 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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