

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 BEGINNING JANUARY 6TH**

**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/YOUTHBUROU](http://WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUROU)



**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 January 2023 - June 2023. 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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