

A SOUTHAMPTON YOUTH BUREAU EVENT:

LIGHTS OUT

GLOW NIGHT

AT SYS, 1370A MAJORS PATH IN SOUTHAMPTON

FRIDAY, DECEMBER 6TH

7:30PM - 10:00PM // OPEN TO GRADES 6 - 12



\$10 ADMISSION // TRANSPORTATION  
AVAILABLE FROM SELECT LOCATIONS

GLOW IN THE DARK BASKETBALL, CAPTURE  
THE FLAG, SOCCER, VOLLEYBALL & MORE!  
WEAR BRIGHT OR WHITE CLOTHING!

FOR MORE INFORMATION OR TO REGISTER, PLEASE CALL (631) 702-2425  
OR VISIT [WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT)



SOUTHAMPTON YOUTH BUREAU

@SOUTHAMPTONYB

# GLow NIGHT AT SOUTHAMPTON YOUTH SERVICES (SYS)

## TRANSPORTATION SCHEDULE & REGISTRATION FORM

**NEED A RIDE? CALL (631) 702-2425 TO RESERVE TRANSPORTATION!**

	Departs	Returns
Flanders Community Center	6:55pm	10:40pm
Hampton Bays High School	7:15pm	10:20pm

Youth's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: Hispanic or Latino \_\_\_\_\_ White or Caucasian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ Prefer not to say \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Youth's Cell Phone Number: \_\_\_\_\_ Youth's Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Number: \_\_\_\_\_

Food Allergies or Other Health Concerns: \_\_\_\_\_

Does your child have an I.E.P. or other accommodations in school? \_\_\_\_\_

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 Lights Out Glow Night program at Southampton Youth Services (SYS), 1370a Majors Path on Friday, December 6<sup>th</sup> 2024. If transportation is needed, I also give my child permission to be transported to/from the designated bus stops 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 Lights Out Glow Night 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: \_\_\_\_\_/\_\_\_\_\_/2024

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

**MAIL OR HAND DELIVER COMPLETED FORM ALONG WITH PAYMENT (CASH, CHECK, OR MONEY ORDER) PAYABLE TO:**

**TOWN OF SOUTHAMPTON – GLOW NIGHT, 655 FLANDERS RD, FLANDERS, NY 11901**

**OR REGISTER ONLINE AT [WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT)**

**\*\*PAYMENTS ARE FINAL - NO REFUNDS WILL BE ISSUED\*\***