

THE SOUTHAMPTON YOUTH BUREAU &
PECONIC BALLET FOUNDATION PRESENTS:

DANCE WITH PROJECT LEAP

LEARN · EMPOWER · ACHIEVE · PERFORM



EVERY THURSDAY FROM 5:00PM - 6:00PM

JANUARY 9TH - MAY 8TH (NO CLASS ON 1/23, 2/20, 4/17 & 4/24)

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

LEARN BALLET FROM PROFESSIONAL DANCE INSTRUCTORS AT THE PECONIC BALLET FOUNDATION!
EXERCISE, BUILD CONFIDENCE, EXPRESS CREATIVITY, AND HAVE FUN! BALLET PERFORMANCE ON
SATURDAY, MAY 10TH AT PECONIC BALLET THEATRE, TIME TBA. NO EXPERIENCE NECESSARY!



OPEN TO AGES 7 - 9
\$40 FOR ENTIRE PROGRAM

SPACE IS VERY LIMITED AND
PRE-REGISTRATION IS REQUIRED BY
MONDAY, DECEMBER 23RD!

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



SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB

THE SOUTHAMPTON YOUTH BUREAU'S DANCE WITH PROJECT LEAP REGISTRATION FORM

**MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT (CHECK OR MONEY ORDER) PAYABLE TO:
TOWN OF SOUTHAMPTON - DANCE WITH PROJECT LEAP, 655 FLANDERS ROAD, FLANDERS, NY 11901
OR REGISTER & PAY ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://www.southamptontownny.gov/ybpayment).**

\$40 FOR ENTIRE PROGRAM PRE-REGISTRATION DUE BY MONDAY, DECEMBER 23RD!

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 Dance with Project LEAP program at the Flanders Youth Center, 655 Flanders Road from January 9th 2025 - May 10th 2025. 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 Dance with Project LEAP 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: _____

REGISTRATION IS NOT COMPLETE UNLESS PAID IN FULL! NO REFUNDS!

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