

THE SOUTHAMPTON YOUTH BUREAU'S

COMEDY

CLASSES

AT THE FLANDERS YOUTH CENTER,
655 FLANDERS ROAD

THURSDAYS FROM 5:00PM - 6:30PM

OCTOBER 27TH - DECEMBER 8TH (NO CLASS ON NOV. 24TH)

OPEN TO GRADES 5 - 8 // \$25 REGISTRATION FEE

**CLASSES ARE CONDUCTED BY DR. BERNIE FURSHPAN,
EXECUTIVE DIRECTOR OF THE NY HYSTERICAL SOCIETY**



LEARN HOW TO WRITE JOKES AND FUNNY STORIES, BUILD CONFIDENCE AND OVERCOME STAGE FRIGHT, TURN FRUSTRATION INTO HUMOR, CHANGE SITUATIONAL MOODS AND OUTCOMES, AND PERFORM USING DIFFERENT STAGE TECHNIQUES.

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



**SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB**

THE SOUTHAMPTON YOUTH BUREAU'S COMEDY CLASSES REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT TO THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD, FLANDERS, NY 11901. CHECK PAYMENTS MUST BE MADE OUT TO "TOWN OF SOUTHAMPTON". REGISTRATION CAN ALSO BE COMPLETED 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 Comedy Classes at the Flanders Youth Center, 655 Flanders Road from October 27th - December 8th. 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 Comedy Classes. 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: _____/_____/2022

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