

JOIN THE SOUTHAMPTON YOUTH
BUREAU'S DISCOVERY CLUB FOR A
STEAM SESSION OF

SUPERHERO SCIENCE

Can people really fly?
Is it possible to have super human strength?
Can spiderwebs support the weight of a person?
Join us as we learn through experiments and projects!

WEDNESDAYS, FEB. 8TH - APR. 26TH
(NO CLASS ON FEB. 22ND & APRIL 12TH)
AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD
4:00PM - 6:00PM (OPEN TO GRADES K - 4)
\$25/10 SESSIONS PRE-REGISTRATION REQUIRED
SPACE IS LIMITED!

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 SUPERHERO SCIENCE REGISTRATION FORM

**MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT (CHECK OR MONEY ORDER) PAYABLE TO:
TOWN OF SOUTHAMPTON - SUPERHERO SCIENCE, 655 FLANDERS ROAD, FLANDERS, NY 11901
OR REGISTER & PAY 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 Superhero Science program at the Flanders Youth Center, 655 Flanders Road from February 8th - April 26th. 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 Superhero Science 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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