

THE SOUTHAMPTON YOUTH BUREAU &  
PECONIC BALLET THEATRE PRESENTS:

# DANCE WITH PROJECT LEAP

LEARN · EMPOWER · ACHIEVE · PERFORM



EVERY THURSDAY FROM 4:30PM - 6:00PM

MARCH 16TH - JUNE 15TH (NO CLASS ON APRIL 13TH)

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD



**\$125 FOR ENTIRE PROGRAM  
PRE-REGISTRATION REQUIRED!  
OPEN TO GRADES 1 - 6**

COME JOIN PROFESSIONAL DANCE INSTRUCTORS FROM  
THE PECONIC BALLET THEATRE FOR HIP HOP AND BALLET  
CLASSES! EXERCISE, BUILD CONFIDENCE, EXPRESS  
CREATIVITY, AND HAVE FUN! DANCE PERFORMANCE TBA  
IN JUNE. NO EXPERIENCE NECESSARY!

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



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).

**\$125 FOR ENTIRE PROGRAM OPEN TO GRADES 1 - 6**

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 Dance with Project LEAP program at the Flanders Youth Center, 655 Flanders Road from March 16<sup>th</sup> 2023 - June 15<sup>th</sup> 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 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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