

**THE SOUTHAMPTON YOUTH BUREAU'S**

# Spring

## **BREAK SCHEDULE**

**AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD**

**WEDNESDAY, APRIL 12TH FROM 4:30PM - 6:30PM:  
HANDS ON SCIENCE ACTIVITY - CREATE AND LEARN  
ABOUT VOLCANOS! (GRADES K - 4)**

**THURSDAY, APRIL 13TH FROM 4:30PM - 6:30PM:  
RECREATION NIGHT - OUTDOOR GAMES, ACTIVITIES  
AND SPORTS. PIZZA WILL BE PROVIDED! (GRADES 5 - 8)**

**FRIDAY, APRIL 14TH FROM 4:30PM - 6:30PM:  
MEET AND LEARN ABOUT ANIMALS FROM THE EVELYN  
ALEXANDER WILDLIFE RESCUE CENTER! (GRADES K - 4)**

**SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED BY MONDAY, APRIL 10TH.  
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**

# THE SOUTHAMPTON YOUTH BUREAU'S SPRING BREAK REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER ONLINE AT  
[HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://www.southamptontownny.gov/ybpayment)

**SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED BY MONDAY, APRIL 10TH**

I AM SIGNING MY CHILD UP FOR:  WED, APRIL 12TH (FREE!)  THURS, APRIL 13TH (FREE!)  FRI, APRIL 14TH (FREE!)

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 Spring Break Schedule at the Flanders Youth Center, 655 Flanders Road from April 12<sup>th</sup> 2023 - April 14<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 Spring Break programs. 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: \_\_\_\_\_

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