Summer Schedule at the
FLANDERS YOUTH CENTER
LOCATED AT 655 FLANDERS RD, FLANDERS
CHECK OUT OUR WEEKLY SUMMER ACTIVITIES!

MONDAY
NEIGHBORHOOD NIGHTS - GAMES, SWIMMING, ARTS & CRAFTS, AND MORE!
(Grades K - 4)
5:00PM - 8:30PM

TUESDAY
CHESS
(Grades K - 12)
5:30PM - 7:00PM

WEDNESDAY
MEET US OVER AT LUDLAM PARK FOR TEEN NIGHTS!
(Grades 7 - 12)
7:30PM - 11:00PM

THURSDAY
KARATE
(Ages 5 - 12)
6:00PM - 7:00PM
$50/MONTH
7/11/19 - 8/22/19
TRIP TO SYS FOR SWIMMING & BASKETBALL
(Grades 5 - 12)
5:00PM - 8:30PM

FRIDAY
TGIF! - BASKETBALL, MUSIC PRODUCTION, VIDEO GAMES & MORE!
(Grades 5 - 12)
5:00PM - 9:00PM

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

SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB
My child, _________________________________ has my permission to be transported by the Town of Southampton Youth Bureau. I understand that the bus will leave the Flanders Community Center, 655 Flanders Rd at 5:00pm and return to the Center at 8:30pm. I am responsible for getting my child to the arranged bus stop at the appropriate time and for picking him/her up at the designated drop off time. I also give permission for my child to swim at the SYS Town Recreation Center, 1370a Majors Path and that he/she is physically able to participate in swimming activities. I hereby accept responsibility for all risks and dangers associated with these activities and hold the Town of Southampton and Southampton Youth Services, Inc. and its employees free and harmless from and against any liability whatsoever. Should an emergency arise, I consent to emergency medical care being given to my child. I consent to photos to be taken and used for promotional purposes.

| Child’s Name (please print) | _________________________________ |
| Parent Name (please print) | _____________________________Parent Phone # _____________ |
| Date of Birth | __________________ Grade ________ School ____________________________ |
| Home/Mailing Address | ____________________________________________________________________ |
| Parent Email Address | ____________________________________________________________________ |

If I cannot be reached, please contact:

(name) _________________________________ (phone)__________________________

Parent/Guardian Signature_________________________________________ Date ________________