

THE SOUTHAMPTON YOUTH BUREAU &
PECONIC BALLET FOUNDATION PRESENTS:

DANCE WITH PROJECT LEAP

LEARN • EMPOWER • ACHIEVE • PERFORM



EVERY WEDNESDAY FROM 4:30PM - 6:30PM

OCT. 18TH - JAN. 10TH (NO CLASS ON NOV. 22 & DEC. 27)

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

COME JOIN PROFESSIONAL DANCE INSTRUCTORS FROM THE PECONIC BALLET FOUNDATION FOR BALLET CLASSES! EXERCISE, BUILD CONFIDENCE, EXPRESS CREATIVITY, AND HAVE FUN! BALLET PERFORMANCE ON SATURDAY, JANUARY 13TH, TIME TBA. NO EXPERIENCE NECESSARY!



\$150 FOR ENTIRE PROGRAM
SPACE IS LIMITED AND
PRE-REGISTRATION REQUIRED!
GRADES 1 - 4 (4:30PM - 5:30PM)
GRADES 5 - 8 (5:30PM - 6:30PM)

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



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).**

\$150 FOR ENTIRE PROGRAM - UNIFORM NOT INCLUDED

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 October 18th 2023 - January 13th 2024. 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!

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