

A SOUTHAMPTON YOUTH BUREAU EVENT:

**3 ON 3**

**BASKETBALL**

**TOURNAMENT**

AT SOUTHAMPTON YOUTH SERVICES, 1370A MAJORS PATH, SOUTHAMPTON

**FRIDAY, MARCH 11TH 7:00PM - 10:00PM**

**SIGN-IN & WARM UP FROM 6:00PM - 6:45PM**

**OPEN TO GRADES 5 - 12**

**\$15/TEAM (\$5/PLAYER) - SPACE IS LIMITED AND  
PRE-REGISTRATION IS REQUIRED **BY THURSDAY, MARCH 10TH****

**COVID-19 PROTOCOLS WILL BE IN PLACE - MASKS REQUIRED  
DURING NON-PHYSICAL ACTIVITIES. TRANSPORTATION AVAILABLE!**



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



# 3 ON 3 BASKETBALL TOURNAMENT

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT TO THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD, FLANDERS, NY 11901. CHECKS MUST BE MADE OUT TO "TOWN OF SOUTHAMPTON".  
REGISTRATION ALSO AVAILABLE ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://www.southamptontownny.gov/ybpayment).  
(SPACE IS LIMITED - PRE-REGISTRATION REQUIRED BY MARCH 10, 2022 FOR \$15/TEAM OR \$5/PLAYER.  
**NO REFUNDS - PAYMENT IS FINAL**)

TEAM NAME: \_\_\_\_\_ (EACH PLAYER MUST FILL OUT A REGISTRATION FORM!)

## TOWN OF SOUTHAMPTON YOUTH BUREAU WAIVER OF LIABILITY (Must be completed by Parent or Guardian for all youth under the age of 18)

I give permission for my child \_\_\_\_\_ to attend the Town of Southampton Youth Bureau's 3 on 3 Basketball Tournament at Southampton Youth Services (SYS), 1370a Majors Path on Friday, March 11<sup>th</sup> 2022. If transportation is needed, I also give my child permission to ride the youth bureau bus and to be transported to/from the designated bus stops listed on this form. 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 3 on 3 Basketball Tournament program. I certify that my child's health and physical condition are appropriate for participation in these physical activities. **I also understand that because of the current COVID-19 pandemic, certain health and safety procedures outlined by NYS and the CDC will be implemented upon arrival & dismissal of my child. I understand that they are important to ensure a safe environment for my child, other youth participants, and all program staff involved.** 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 being taken of my child, understanding they may be used for promotional purposes.

**NEED A RIDE? CALL (631) 702-2425 TO RESERVE TRANSPORTATION!**

Pick Up		Return
5:15pm	Flanders Community Center	10:40pm
5:30pm	Westhampton Beach High School	10:30pm
5:40pm	Hampton Bays High School	10:20pm
6:00pm	SYS	10:00pm

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: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_