

THE SOUTHAMPTON YOUTH BUREAU'S

COMEDY

CLASSES

AT THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD

**THURSDAYS FROM 5:00PM - 6:30PM**

**OCTOBER 27TH - DECEMBER 8TH (NO CLASS ON NOV. 24TH)**

**OPEN TO GRADES 5 - 8 // \$25 REGISTRATION FEE**

**CLASSES ARE CONDUCTED BY DR. BERNIE FURSHPAN,  
EXECUTIVE DIRECTOR OF THE NY HYSTERICAL SOCIETY**



**LEARN HOW TO WRITE JOKES AND FUNNY STORIES, BUILD CONFIDENCE AND OVERCOME STAGE FRIGHT, TURN FRUSTRATION INTO HUMOR, CHANGE SITUATIONAL MOODS AND OUTCOMES, AND PERFORM USING DIFFERENT STAGE TECHNIQUES.**

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**FOR MORE INFORMATION OR TO REGISTER,  
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 COMEDY CLASSES REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT TO THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD, FLANDERS, NY 11901. CHECK PAYMENTS MUST BE MADE OUT TO "TOWN OF SOUTHAMPTON". REGISTRATION CAN ALSO BE COMPLETED ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://www.southamptontownny.gov/ybpayment)

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 Comedy Classes at the Flanders Youth Center, 655 Flanders Road from October 27<sup>th</sup> - December 8<sup>th</sup>. 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 Comedy Classes. 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: \_\_\_\_\_/\_\_\_\_\_/2022

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