



The Southampton Youth Bureau's

# F.A.S.T.

**FUN ACTIVITIES WITH SNACKS AND TIME TO DO HOMEWORK  
AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD**

**EVERY MONDAY BEGINNING JANUARY 9TH**  
**PROGRAM ACTIVITY & SNACK 4:00PM - 5:00PM**  
**HOMEWORK HELP 5:00PM - 6:00PM**

**MAKE NEW FRIENDS, LEARN SOCIAL SKILLS, AND PARTICIPATE IN  
SOCIAL-EMOTIONAL GROWTH ACTIVITIES.**

**OPEN TO GRADES K - 4**

**SPACE IS LIMITED AND PRE-REGISTRATION IS REQUIRED! FOR MORE INFORMATION, 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 F.A.S.T. REGISTRATION FORM

**MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER ONLINE AT  
[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 F.A.S.T. program from January 2023 - June 2023 at the Flanders Youth Center, 655 Flanders Road. 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 F.A.S.T. 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: \_\_\_\_\_

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