

A SOUTHAMPTON YOUTH BUREAU EVENT:

3 ON 3 BASKETBALL TOURNAMENT

FRIDAY, MARCH 31ST

AT SYS, 1370A MAJORS PATH IN SOUTHAMPTON

OPEN TO GRADES 5 - 12

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

TOURNAMENT: 7:00PM - 10:00PM

**\$30/TEAM (\$10/PLAYER) - SPACE IS LIMITED AND
PRE-REGISTRATION IS REQUIRED BY MONDAY, MARCH 27TH**



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

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3 ON 3 BASKETBALL TOURNAMENT REGISTRATION FORM

**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 CAN ALSO BE COMPLETED ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://www.southamptontownny.gov/ybpayment).
(SPACE IS LIMITED - PRE-REGISTRATION REQUIRED BY MARCH 27, 2023 FOR \$30/TEAM OR \$10/PLAYER.
NO REFUNDS - PAYMENT IS FINAL)**

TEAM NAME: _____ **(EACH PLAYER MUST FILL OUT A REGISTRATION FORM!)**

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 3 on 3 Basketball Tournament program at Southampton Youth Services (SYS), 1370a Majors Path on Friday, March 31st 2023. 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. 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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**SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB**