


THE SOUTHAMPTON YOUTH BUREAU PRESENTS:

# RECIPES FOR ADVENTURE SUMMER PROGRAM



**LEARN THE BASICS OF FOOD PREP, COOKING AND BAKING WHILE  
HAVING A FUN SUMMER FILLED WITH OUTDOOR ACTIVITIES,  
GAMES, FIELD TRIPS, AND MORE!**

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**MONDAY - THURSDAY FROM 12:30PM - 5:00PM AT THE  
FLANDERS YOUTH CENTER, 655 FLANDERS ROAD**

**(PROGRAM BEGINS JULY 10TH AND CONCLUDES ON AUGUST 17TH)**

**\$600 FOR ALL 6 WEEKS - REGISTRATION DUE BY JULY 3RD**

**REGISTER EARLY BY MONDAY, JUNE 5TH**

**FOR \$50 OFF TOTAL COST!**

**OPEN TO GRADES 5 - 8**

**FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR  
VISIT [WWW.SOUTHAMPTONTOWN.NY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWN.NY.GOV/YBPAYMENT)**



**SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB**

# THE SOUTHAMPTON YOUTH BUREAU'S RECIPES FOR ADVENTURE SUMMER PROGRAM

MAIL OR DROP OFF COMPLETED FORM ALONG WITH PAYMENT (CHECK OR MONEY ORDER) PAYABLE TO  
TOWN OF SOUTHAMPTON - RECIPES FOR ADVENTURE, 655 FLANDERS ROAD, FLANDERS, NY, 11901  
OR REGISTER ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT)

Youth's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: Hispanic or Latino \_\_\_\_\_ White or Caucasian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ Prefer not to say \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Youth's Cell Phone Number: \_\_\_\_\_ Youth's Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Number: \_\_\_\_\_

Food Allergies or Other Health Concerns: \_\_\_\_\_

Does your child have an I.E.P. or other accommodations in school? \_\_\_\_\_

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 Recipes for Adventure Summer Program at the Flanders Youth Center, 655 Flanders Road from July 10<sup>th</sup> 2023 - August 17<sup>th</sup> 2023 which will also include bus trips to various locations. I understand the program promptly begins at 12:30pm and ends at 5:00pm. I will drop off and pick up my child on time each day. 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 Recipes for Adventure Summer 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: \_\_\_\_\_/\_\_\_\_\_/2023

**REGISTRATION IS NOT COMPLETE UNLESS PAID IN FULL! NO REFUNDS!**  
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