

**THE SOUTHAMPTON YOUTH BUREAU PRESENTS:**

# **POOL NIGHTS**

**AT SYS, 1370A MAJORS PATH,  
SOUTHAMPTON**

**MONDAYS: OPEN TO GRADES K - 4**  
**THURSDAYS: OPEN TO GRADES 5 - 8**  
**JULY 10TH - AUGUST 17TH 5PM - 8PM**

**FREE! SWIMMING, SPORTS, GAMES, AND MUCH MORE!**

**PRE-REGISTRATION IS REQUIRED AND SPACE IS LIMITED. ROUNDTrip  
TRANSPORTATION AVAILABLE FROM THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD. BUS LEAVES AT 5PM AND RETURNS AT 8:30PM.**

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



**SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB**

# THE SOUTHAMPTON YOUTH BUREAU'S POOL NIGHTS REGISTRATION FORM

**MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER,  
655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER ONLINE  
AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT)**

**I AM SIGNING MY CHILD UP FOR:**

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**MONDAYS  
(GRADES K - 4)**

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**THURSDAYS  
(GRADES 5 - 12)**

**TRANSPORTATION TO/FROM  
FLANDERS YOUTH CENTER  
DEPART: 5:00PM RETURN: 8:30PM**

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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 Pool Nights at Southampton Youth Services (SYS), 1370a Majors Path on Mondays/Thursdays from July 10<sup>th</sup> 2023 - August 17<sup>th</sup> 2023. I also give permission for my child to be transported by the Town of Southampton Youth Bureau to and from 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 Pool Nights 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

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