THE SOUTHAMPTON YOUTH BUREAU'S

CHESS *Club*

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

WEDNESDAYS 5:00PM - 6:30PM

SEPTEMBER 23RD - OCTOBER 28TH

OPEN TO GRADES K - 8 FREE! PRE-REGISTRATION REQUIRED - SPACE IS LIMITED!

CHALLENGE YOURSELF, BUILD SELF CONFIDENCE, MEET NEW FRIENDS, REDUCE STRESS, AND LEARN STRATEGY & DISCIPLINE!

SOUTHAMPTON YOUTH BUREAU

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

Follow us on:

@southamptonyb

THE SOUTHAMPTON YOUTH BUREAU'S CHESS CLUB REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD, FLANDERS, NY 11901

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 Chess Club program at the Flanders Youth Center, 655 Flanders Road from September 23rd - October 28th. 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 Chess Club program. I certify that my child's health and physical condition are appropriate for participation in these physical activities. **I also understand that because of the current COVID-19 pandemic, certain health and safety procedures outlined by NYS and the CDC will be implemented upon arrival & dismissal of my child. I understand that they are important to ensure a safe environment for my child, other youth participants, and all program staff involved.** 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 being taken of my child, understanding they may be used for promotional purposes.

Parent/Guardian Signature: _____ Date: _____/_____/2020

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

SOUTHAMPTON YOUTH BUREAU

SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB