

THE SOUTHAMPTON YOUTH BUREAU'S

# YOUTH ADVISORY COMMITTEE

**EARN COMMUNITY SERVICE CREDITS! OPEN TO GRADES 7 - 12**

**MEET NEW FRIENDS! MAKE A DIFFERENCE IN YOUR  
COMMUNITY BY PLANNING YOUTH BUREAU PROGRAMS &  
PARTICIPATING IN COMMUNITY SERVICE PROJECTS!**



**HYBRID MEETINGS ARE HELD EVERY  
OTHER TUESDAY FROM 6:30PM - 8:00PM.  
FIRST IN PERSON MEETING BEGINS  
SEPTEMBER 22ND AT THE HAMPTON BAYS  
COMMUNITY CENTER, 25 PONQUOGUE AVE.  
PRE-REGISTRATION REQUIRED!**

**TRANSPORTATION IS AVAILABLE UPON REQUEST**

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



SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB

# THE SOUTHAMPTON YOUTH BUREAU'S YOUTH ADVISORY COMMITTEE 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 Youth Advisory Committee program from September 2020 - June 2021 at the Hampton Bays Community Center, 25 Ponquogue Ave and other locations TBA. 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 Youth Advisory Committee 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](http://WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU)**



**SOUTHAMPTON YOUTH BUREAU  
@SOUTHAMPTONYB**