

THE SOUTHAMPTON YOUTH BUREAU'S

YOUTH ADVISORY COMMITTEE

Meet new friends and earn community service credits! Make a difference in your community by planning Youth Bureau programs, participating in community service projects, and advocating for youth causes. Areas of involvement include legislative change, civil liberties, environmental activism, music and arts, journalism, and much more!



**MEETINGS ARE HELD ON TUESDAYS
FROM 6:30PM - 8:00PM AT THE
HAMPTON BAYS COMMUNITY CENTER,
25 PONQUOGUE AVE.
MEETINGS START **TUESDAY, SEPT. 9TH****



**OPEN TO GRADES 7 - 12
PRE-REGISTRATION REQUIRED -
REGISTRATION IS ONGOING!**



TRANSPORTATION AVAILABLE UPON REQUEST!
FOR MORE INFORMATION OR TO REGISTER,
PLEASE CALL (631) 702-2425 OR VISIT
WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU



**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
OR REGISTER ONLINE AT WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT

COMMUNITY SERVICE HOURS ARE GRANTED FOR PARTICIPATION IN COMMUNITY SERVICE PROJECTS. COMMITTEE MEETINGS EARN ½ HOUR FOR EACH HOUR ATTENDED, WHILE COMMUNITY SERVICE PROJECTS EARN 1 HOUR FOR EACH HOUR WORKED. PLEASE NOTE: COMMUNITY SERVICE HOURS WILL ONLY BE AWARDED IF YOU PARTICIPATE IN COMMUNITY SERVICE PROJECTS.

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 Phone 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 Youth Advisory Committee program from September 2025 - June 2026 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. 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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