

REGISTRATION OPEN NOW!



SOUTHAMPTON TOWN YOUTH COURT

OPEN TO GRADES 9 - 12



WHY JOIN YOUTH COURT?

- EARN COMMUNITY SERVICE CREDITS
- HEAR REAL COURT CASES
- BUILD YOUR COLLEGE RESUME
- LEARN ABOUT THE LAW
- PRACTICE PUBLIC SPEAKING
AND SO MUCH MORE!

**CLASSES HELD EVERY MONDAY BEGINNING OCTOBER 6, 2025
6:00PM - 7:30PM AT THE SOUTHAMPTON TOWN JUSTICE COURT
32 JACKSON AVE, HAMPTON BAYS
TRANSPORTATION MAY BE AVAILABLE UPON REQUEST**

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



**SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB**

THE SOUTHAMPTON YOUTH BUREAU'S YOUTH COURT 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

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 _____

Are you in need of a program shirt? (Circle One) Yes No

Shirt Size: Woman's S M LG XL 2XL
Men's S M LG XL 2XL

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 Court program from October 2025 - June 2026 at the Southampton Town Justice Court, 32 Jackson 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 Court 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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