

THE TOWN OF SOUTHAMPTON YOUTH BUREAU PRESENTS:

YOUTH MEDIA



IMPACT

Learn how to create impactful social media campaigns that make a difference and reflect the mission of the Southampton Youth Bureau! Completed projects will be posted regularly on the Youth Bureau's social media accounts.

PROGRAM BEGINS THURSDAY, OCTOBER 16TH

MEETINGS WILL BE HELD EVERY OTHER THURSDAY FROM 6:30PM - 8:00PM

AT THE HAMPTON BAYS COMMUNITY CENTER, 25 PONQUOGUE AVENUE

OPEN TO GRADES 9 - 12 COMMUNITY SERVICE CREDITS AVAILABLE!

A LAPTOP OR TABLET IS RECOMMENDED BUT NOT REQUIRED AT MEETINGS

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



SOUTHAMPTON YOUTH BUREAU
@SOUTHAMPTONYB

THE SOUTHAMPTON YOUTH BUREAU'S YOUTH MEDIA IMPACT 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

**IT IS HIGHLY RECOMMENDED THAT PARTICIPANTS BRING A LAPTOP OR TABLET TO SCHEDULED MEETINGS
FOR THE PURPOSE OF WORKING ON SOCIAL MEDIA CAMPAIGN 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 Media Impact program from October 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 Media Impact 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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