

Southampton Youth Services, Inc. Southampton Town Recreation Center

1370 A Majors Path
Southampton, New York
(To be used by individuals under the Age of 18)

Waiver of Liability & Registration Form

I hereby accept any and all responsibility for and assume the risk of and all injury or damages to my child, _____, which might arise directly or indirectly as a result of and or participation in the SYS, Inc _____ (program) which is held at SYS. I hereby expressly release, discharge and hold harmless from any liability whatsoever SYS, Inc. and all employees and volunteers in their capacities as representatives of SYS. I certify that I am familiar with the contents of this release that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only on me, but my heirs, administrators, executors, successors and assigns.

Name of Participating child: _____

Address: _____

Date of Birth: ____/____/____ Age: ____ Grade: ____

Home Phone: _____ Cell Phone: _____

Email: _____

Special Medical Needs: _____

Print name of Legal Guardian _____

Signature of Guardian: _____ DATE _____

Registering for: _____

Class dates: _____

Class time: _____