

**Kidz Club
Membership Form**

(Completed form must be turned into SYS By January 7th)

Child's Name _____

Grade _____ Date of Birth _____ School _____

Allergies or Medical Condition _____

Parent / Guardian Name _____

Address _____ Town _____ Zip _____

Home phone _____ Work/Cell Phone _____

Emergency Contact Name _____

Address _____

Home phone _____ Work/Cell Phone _____

My child will:

- Be dropped off at SYS by a Parent/Guardian or Emergency Contact
- Take the school bus to SYS

I give permission for _____ to participate in Kidz Club sponsored by Town of Southampton Youth Bureau and SYS, **starting January 12th through April 3rd Monday to Friday (excluding School Holidays and Breaks)**, and expressly release, discharge and hold harmless from any liability whatsoever SYS, Inc. and Southampton Town and all employees and volunteers in their capacities as representatives of the organizations. If my child rides the bus, I permit him/her to ride from his or her school to SYS at 1370A Majors Path. I understand Kidz Club promptly ends at 6pm and my child must be picked up by that time. I certify that my child is in good physical health and is able to participate fully in this activity.

In the event of a medical emergency and I cannot be reached, I authorize the Kidz Club staff to seek emergency medical treatment. I also consent to photographs being taken of my child, understanding they may be used for promotional purposes.

Signature _____ Date _____

Mail to: SYS PO Box 1284, Southampton, NY 11969 or Bring to: 1370A Majors Path to ensure your spot in the club.