



# Southampton East End Youth Academy Application

Distribution of this flyer does not constitute endorsement of an event or organization and/or agreement with the material content by the District or the Board of Education

Please Print Clearly

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ Town \_\_\_\_\_

ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DOB \_\_\_\_\_

GRADE ENTERING IN THE FALL \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

SCHOOL \_\_\_\_\_

EMAIL \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

## REFERENCES

**EDUCATIONAL REFERENCE** (must be a Teacher, Guidance Counselor or Administrator at your school)

Name \_\_\_\_\_

Position \_\_\_\_\_

Contact (phone & email) \_\_\_\_\_

**NEIGHBOR** (must be over twenty-one years of age and may not be a relative)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## EMPLOYER

☐

**NOT EMPLOYED** – circle if not employed

Business Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Telephone (w) \_\_\_\_\_ (C) \_\_\_\_\_

Please sign below to confirm that all above information is accurate.

All signatures must be signed in front of the Notary Public.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Student's Signature



# Southampton East End Youth Academy Application

## Media Release

Throughout the Youth Academy, students may be highlighted in efforts to promote the Southampton Town Youth Academy activities and achievements. For example, students may be featured in materials to increase public awareness of our program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media. I, as the parent or guardian \_\_\_\_\_ of \_\_\_\_\_, hereby give the Southampton Town

Police Department and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither the Town of Southampton, Southampton Town Police Department, their employees, nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and hold harmless the Town of Southampton, Southampton Town Police Department, their employees, representatives and agents from any liabilities, known or unknown, arising out of the use of this material. I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature



## Southampton East End Youth Academy Application

### Medical Clearance

I certify that the below – named student has no serious respiratory problems and is medically cleared to participate in physical training. (pushups, sit-ups, running)

---

Physician's Signature

---

Business Address

---

Physician's Name (Print)

---

Telephone



# Southampton East End Youth Academy Application

## Hold Harmless Release Waiver

The undersigned, parents or guardians of \_\_\_\_\_ (the "Participant"), a participant of the Southampton East End Youth Academy Program (the "Program"), hereby indemnifies and hold harmless The Town of Southampton, its agencies, and employees, including but not limited to, any and all police officers or personnel involved with the supervision and control of the Program, from any claims of any kind whatsoever or of any nature that may be brought by the Participant, his/her parents, siblings, heirs or anyone else having the authority to bring a claim on behalf of the Participant. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the Program, the Town of Southampton, its servants, agents, and employees as set forth above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

(If participant is under 18 years of age)



# Southampton East End

## Youth Academy Application

### Town of Southampton Holding Center Waiver

I, the Parent/Guardian (your name) \_\_\_\_\_ of (students name) \_\_\_\_\_ releasor their personal representatives, heirs, and next of kin, hereby release, waive, discharge any covenants not to sue the Town of Southampton, the Southampton Town Police Department, their agents, officers and employees, all for the purposes herein referred to as the RELEASEES from any and all liability to releasor, herein referred to as the RELEASOR, my personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or damage therefore, on account of injury to their person or property or resulting in death of the RELEASOR whether caused by the negligence of the RELEASEES or otherwise while the RELEASOR is participating in the Southampton Town Police Youth Academy.

Releasor expressly agrees that this Release, Waiver of Liability and Agreement of Assumption of the Risk is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature