



Southampton East End Youth Academy Application

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



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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



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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)



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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