Suffolk County's Summer Youth Connection

Registration Form
Circle All that Apply:
Open Gym, Career Night, Dance-Hip-Hop, Basketball Clinic,
Step Instruction, Friday Night Live
(see activities calendar and flyer for more details on activities offered)

Student's Name:_____

Address:_____**Town:**_____**State**___**Zip Code**_____

Home Phone:_____**Cell Phone:**_____

Email Address: (Please print)_____

DOB:_____**Current age:**_____**Current Grade*:**_____

(*Grade at beginning of 2014-2015 school year)

School Student attends:_____

Does Student have any health problems or special needs? Circle: Yes No

If yes, please explain:_____

_____

_____

In Case of Emergency, please contact:

Name:_____**Relationship:**_____

Home Phone:_____**Cell Phone:**_____

Name:_____**Relationship:**_____

Home Phone:_____**Cell Phone:**_____

Parent/Guardian Signature:_____**Date:**_____

presented by

Suffolk County Executive Steve Bellone, NYIT & S.C.P.A.L.