Lysander Parks & Recreation

8220 Loop Rd
Baldwinsville N.Y. 13027
(315) 635-5999, (315) 635-1619 – Fax   Email: recreation@townoflysander.org

PROGRAM REGISTRATION FORM

Registration Information: All programs are on a first come, first served basis. You must register & pay before attending any program. Bounced check fee is $20.00. You can register by Mail, by email or in person to the addresses above.

Participants Name: ________________________________ M ☐ F ☐ Grade: _______

Parent's Name (Please Print)________________________________ ____________

Date of Birth________ Age: ______ Phone (w):_________ (h):__________ (c):___________

Address: ____

City: ___________________________State: ________________Zip: _________________

Email Address: ____

Program Name: __________________________ Session/Time: _________Fee: ___________

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Refunds: Full refunds are given if we cancel the class. Refund - minus a $10.00 administrative fee will be given for checks, cash & credit card payments until the day after 1st class. Photos taken for publicity purposes may be used on the Town Web Site, on our facebook pages, in local newspapers or in our brochures, unless otherwise noted by a parent. As the participant, parent or legal guardian of the above named participant I accept full responsibility for any and all injuries which may arise out of participation in the program(s) being registered for and hereby release the Town of Lysander, its agents and/or employees from any claims of any nature whatsoever arising out of my/my child(ren)'s participation. Consent is hereby granted to allow myself/my child(ren) to participate in the program(s) listed above. There is no medical insurance for any programs. I have read, understand, and agree to the policies listed on this page.

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Participant or Parent Signature

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Credit Card Information-No Visa accepted at this time: ~ **I understand there will be a 2.45% fee for using a Credit Card**

Master Card ☐ ______ Discover ☐ ______ Expiration date: __________

Card #:____ Amount to be charged $_________

Card Holder's Name: ____

(Print Clearly Please)

Card Holder's Signature: ____

(If printing and mailing registration form)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ **OFFICE USE ONLY** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Check:______Cash: ______Charge:______Receipt #_________ Date Received:__________

Amount Received: $_________ Authorization #:_____________________ Reference #:__________________
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