

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. You can register by Mail, by email or in person to the addresses above. Make checks payable to the **Town of Lysander** Bounced check fee is \$20.00.

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. No refunds for "one time" classes or if it puts it below our minimum number. 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.

Parent or Participant Signature

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**I understand there will be a 2.45% fee for using Mastercard or Discover (or a minimum of \$1.50) and a flat fee of \$3.95 for using Visa**

Visa \_\_\_ 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)*

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OFFICE USE ONLY ~~~~~

Disposal Date:

Date Received: _____ Check: _____ Cash: _____ Receipt # _____ Amount Received: \$ _____

Charge: _____ Authorization #: _____ Reference #: _____