



# PROGRAM REGISTRATION

8220 Loop Road; Baldwinsville, New York 13027  
315-635-5999 parks@townoflysander.org

August 2nd - August 23rd

Tuesdays 6:00 PM

Girls & Boys, Age: 10 - 12

\$15.00 each

\$25.00 for 2 family members

\$30 for 3 family members

# KICKBALL



Program Location: Lysander Park; 8439 Smokey Hollow Road; Baldwinsville, New York 13027

Participants Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
*If Registering As Additional Family Member, Must Be Of The Same Family & Same Household*

Participants Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
*If Registering As Additional Family Member, Must Be Of The Same Family & Same Household*

Participants Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
*If Registering As Additional Family Member, Must Be Of The Same Family & Same Household*

Parent/Guardian Name (Please Print) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Secondary Parent/Guardian Name and Cellphone #: \_\_\_\_\_  
*In The Event Of An Emergency!*

Teammate Requests (If registering as an individual): \_\_\_\_\_

Team Name (If registering as part of a team): \_\_\_\_\_  
*Each team member must complete and return a registration form!*

*All programs of Lysander Parks & Recreation are first-come-first-served. A Registration Application and payment of the program registration fee must be completed prior to the end of business hours on the registration closing date. A Registration Application may be submitted by email to: [parks@townoflysander.org](mailto:parks@townoflysander.org), or by USPS, or in-person to: Lysander Town Hall; Parks & Recreation Department; 8220 Loop Road; Baldwinsville, New York 13027. Acceptable forms of payment include: credit card, e-check, personal check, cashier's check, or money order. Checks must be made payable to Town of Lysander; \$20.00 will be charged for a Bounced Check. Credit card payment may be made online, in-person, or by telephone: 315-635-5999. Credit Card and e-Check payments are charged, by MuniPay, a service fee of 2.65% or a minimum of \$3.00.*

**REFUND:** Full refund minus \$15.00 Administrative Fee will be given up to 4 weeks in advance of the registration closing date; Half refund minus \$15.00 Administrative Fee will be given up to 2 weeks in advance of the registration closing date; No refund will be given less than 2 weeks in advance of the registration closing date, or for inclement weather, natural disasters, or acts of nature.

**RELEASE WAIVER:** Photos taken for publicity purposes may be used on the Town Web Site, our Facebook pages, in local newspapers or in our brochures, unless otherwise requested by the parent/guardian or participant. 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: ____/____/____	<b>OFFICE USE ONLY</b>	Amount: \$ _____
Check #: _____	Credit Reference#: _____	Refund \$ _____ Date ____/____/____