

# Lysander Parks & Recreation

8220 Loop Rd

Baldwinsville N.Y. 13027

(315) 635-5999, Fax # (315) 635-1619

Email: [parks@townoflysander.org](mailto:parks@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, Email or in person to the addresses above. Make checks payable to **Town of Lysander. A Bounced check fee is \$20.00.** Registrations by phone are taken with a credit card payment. All credit card payments will be taken by telephone only. A service fee of 2.65% or a minimum of \$3.00 is charged by MuniPay for all credit card payments.

Participants Name: \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's Name (Please Print) \_\_\_\_\_

M / F

Address: \_\_\_\_\_

Age: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Cell Phone Carrier: \_\_\_\_\_

We will only use this to contact you about a program you are enrolled in or to notify you of other programs

Email \_\_\_\_\_

Program Name: \_\_\_\_\_ Session/Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Program Name: \_\_\_\_\_ Session/Time: \_\_\_\_\_ Fee: \_\_\_\_\_

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

**Refunds:** Full refunds are given if we cancel the class. Refund - minus a \$15.00 administrative fee will be given for checks, cash & credit card payments until the day after 1<sup>st</sup> class. No refunds for "one time" classes. 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.

**Participant or Parent Signature** \_\_\_\_\_

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

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \$ \_\_\_\_\_

Admin Fee \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Charge: \_\_\_\_\_

Refund \$ \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_