



PROGRAM REGISTRATION

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

July 20th - August 31st
7 Sessions; Wednesdays 3-4pm
Girls & Boys: Entering 6th-12th
Grade
\$15.00 each

CHESS CLUB



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

Participants Name: _____ Gender: _____ DOB ____/____/____ Grade Entering: _____
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 #: _____

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, 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 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: ____/____/____	OFFICE USE ONLY	Amount: \$ _____
Check #: _____	Credit Reference#: _____	Refund \$ _____ Date ____/____/____