

Lysander Parks & Recreation

8220 Loop Rd

Baldwinsville N.Y. 13027

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

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, 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. (There is a service fee added to all credit card payments. See below.)

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: _____

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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 1st 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 _____

I understand there will be a 2.65% fee with a minimum service charge of \$3.00 for using a credit card.

Visa Master Card Discover American Express

Card #: _____ Expiration date: ____/____

Card Holder's Name: _____ Amount \$ _____
(Please print clearly)

Card Holder's Signature: _____
(If printing and mailing registration form)

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

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

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

Receipt # \_\_\_\_\_

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

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

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