



# PROGRAM REGISTRATION

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

Wednesdays

June 1—July 1

9:00 AM—10:00 AM

\$36.00

## Fitness

# Active 50+ Adults



Program located at: Lysander Park; 8439 Smokey Hollow Road; Baldwinsville, NY 13027

Participant Name (Please Print) \_\_\_\_\_

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

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

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

Primary Emergency Contact Name and Cellphone #: \_\_\_\_\_

Secondary Emergency Contact 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](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, 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 payments are charged, by MuniPay, a service fee of 2.65% or a minimum of \$3.00.*

*Release Waiver: 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. 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.*

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

Credit Reference#: \_\_\_\_\_

Refund \$ \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_