

# LYSANDER PROGRAM REGISTRATION FORM

All programs are on a first come, first served basis. You must register & pay before attending any program. Credit card minimum charge is \$10.00. Bounced check fee is \$20.00. Full refunds are given if we cancel the class. Refund - minus a \$5.00 administrative fee for checks & cash; \$10.00 fee for credit card payments until day after 1<sup>st</sup> class. Register by (1) Phone - 635-5999 - if using a credit card, (2) In Person, (3) By mail to Lysander Park, 8439 Smokey Hollow Rd. Baldwinsville, N.Y. 13024, or (5) Fax - 635-1619.

## LYSANDER PROGRAM REGISTRATION FORM

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

Age: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Phone (w): \_\_\_\_\_ (h) \_\_\_\_\_

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

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

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

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

As the individual, parent/legal guardian of the above named participant I accept full responsibility for any and all injuries which may arise out of his/her 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 myself, child(ren)'s participation. Consent is hereby granted to allow myself, child(ren) to participate in the program(s) listed above. I understand there is no insurance as part of this program. I will adhere to any and all policies and procedures listed on this page or in the brochure. I have read, understand, and agree to the policies listed on this page.

\_\_\_\_\_  \_\_\_\_\_

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Credit Card information - must be filled out in order to process.

MC \_\_\_\_\_ VISA \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card #: \_\_\_\_\_ Amount to be charged \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

*If printing and mailing registration form*

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

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Charge: \_\_\_\_\_ Receipt \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Authorization #: \_\_\_\_\_ Reference #: \_\_\_\_\_