



PROGRAM REGISTRATION

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

This document is fillable with most free pdf reader/writer programs.
Once completed, the document may be emailed to:
programs@townoflysander.org
by selecting the Share document option available within most pdf reader/writer programs.

Program Name Registering For:

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



Participants Name: Gender: DOB: Grade:

If Registering As Additional Family Member, Must Be Of The Same Family & Same Household

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Participants Name: Gender: DOB: Grade:

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 #:

Approved For Pick-Up, OR In The Event Of An Emergency!

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Teammate Requests (If registering as an individual for a team activity, sport, or league):

Team Name (If registering as part of a team):

Each team member must complete and return a registration form!

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: programs@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. To make an online payment with credit card or e-check click on the ON-LINE PAYMENT button below to follow the link to MuniPay.

REFUND POLICY: 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.

PHOTO RELEASE: 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.

LIABILITY WAIVER AND RELEASE: As the participant, or the parent or legal guardian of the above-named participant in consideration of the risk of injury that exists while participating in the above named Recreation Program (hereinafter the "Activity"); and in consideration of my desire to participate in said Activity and being given the right to participate in same; I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and I hereby release and forever discharge the TOWN OF LYSANDER, located at 8220 Loop Road, Baldwinsville, New York 13027, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns now have, ever have had, or may in the future have, (collectively "Releasees"), for claims arising under any federal, state, or local statute or the common law, including but not limited to theories based upon contract, fraud, malpractice, breach of fiduciary duty, defamation, negligence, or any other tort law from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity. With my signature below, I hereby certify that I am the participant, or the parent or guardian of the above-named participant, have read and fully understand the content of this agreement and do hereby give my consent without reservation to the foregoing as myself, or on behalf of the above-named individual within my care.

SUBMITTING PAYMENT DOES NOT SUBMIT THE REGISTRATION FORM



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Parent/Guardian Signature: Date:

Date Received:	OFFICE USE ONLY		Amount Received \$	
Check #:	MuniPay Credit Reference#:		Refund \$	Refund Date:
	<small>Last 5 digits of MuniPay Transaction Number</small>			