

Participants Name:

PROGRAM REGISTRATION

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

This document is fillable with most free pdf reader/writer programs.

Once completed, the document may be emailed to:

prgrams@townoflysander.org

by selecting the Share document option available within most pdf reader/writer programs.

Grade:

GEMS+ SUMMER CAMP Girls Engaged in Math & Science

Program located at: Charles W. Baker High School; 29 E. Oneida Street; Baldwinsville, NY 13027

The Baldwinsville Central School District does not endorse and is not responsible for any business, services, or event advertised in this form.

DOB

If Registering As Additional Family Member,	Must Be Of The Same Family & Same House			
Participants Name: If Registering As Additional Family Member,	Must Be Of The Same Family & Same House	DOB_	//	Grade:
Participants Name: If Registering As Additional Family Member,	Must Be Of The Same Family & Same House	DOB_	//	Grade:
Parent/Guardian Name (Please Prin	nt)			
Street:				
City:		e:	Zi _l	o:
Cell Phone:	Email			
Secondary Parent/Guardian Name	and Cellphone #:	ed For Pick-Up. Ok	ln The Ev	ent Of An Emergency!
Secondary Parent/Guardian Name	and Cellphone #·			ent Of An Emergency!
All programs of Lysander Parks & Recreation are first-come the end of business hours on the registration closing date. A Lysander Town Hall; Parks & Recreation Department; 8220 cashier's check, or money order. Checks must be made paya in-person, or by telephone: 315-635-5999. Credit card payn Refund Policy: Full refund minus \$15.00 Administrative Fere will be given up to 2 weeks in advance of the registration weather, natural disasters, or acts of nature.	Registration Application may be subm Loop Road; Baldwinsville, New York able to Town of Lysander; \$20.00 will nents are charged, by MuniciPay, a sen e will be given up to 4 weeks in advance	nitted by email to: pari 13027. Acceptable fo be charged for a Bour vice fee of 2.65% or a ce of the registration c	ks@townoflys rms of payment ced Check. Of minimum of losing date; H	ander.org, or by USPS, or in-person to: nt include: credit card, personal check, Credit card payment may be made online, \$3.00. Half refund minus \$15.00 Administrative
Photo Release: Photos taken for publicity purposes may be weed by the parent/guardian or participant.	used on the Town Web Site, our Facebo	ook pages, in local nev	vspapers or in	our brochures, unless otherwise request-
Liabilty Release: As the participant, parent or legal guardian pation in the program(s) being registered for and hereby relemy child(ren)'s participation. Consent is hereby granted to a grams. I have read, understand, and agree to the policies lis	ease the Town of Lysander, its agents a llow myself/my child(ren) to participa	and/or employees from	any claims o	f any nature whatsoever arising out of my/
Field Trip/Transportation: The program will be visiting Surbe provided by parents or guardians. Car pooling is encourd from Sunshine Horses to be completed and signed by either a	aged. All young ladies will report dire	ctly to Sunshine Horse	41. Transpor es at 9:00 AM	tation to and from Sunshine Horses must . A separate Waiver of Liability Release
SUBMITTING PAYMENT DOES NOT SUBMIT THE REGISTRATION FORM	ON-LINE PAYMEN			MAIL REGISTRATION FORM IBMITTING PAYMENT*
Parent/Guardian Signature:			Da	te:
	OFFICE USE ONL	Y		
Date Received: /	/	Amount: \$		
Check #: Credit Refere	ence#:	Refund	\$	Date/