

Albert Einstein once said...

CREATIVITY IS INTELLIGENCE HAVING FUN



GEMS SUMMER CAMP

Girls Engaged in Math & Science

**AUGUST 7-11, 9 AM-12 PM BAKER HS LIBRARY
FOR GIRLS ENTERING GRADES 5-8**

\$80 REGISTRATION FEE

Led by Baldwinsville CSD School Librarians Lindsay Cesari & Leslie Cartier

REGISTRATION OPTIONS:

1) Visit the Lysander Parks and Recreation Website at
<http://www.townoflysander.org/departments/parks-and-recreation> to register
online

OR

2) Complete the form below. Mail the completed form, along with payment to the
following address: Lysander Parks & Recreation, 8220 Loop Rd, Baldwinsville, NY
13027. Checks should be payable to Town of Lysander.

GEMS REGISTRATION FORM

NAME: _____

BIRTHDATE: _____ GRADE in 2017-2018: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PARENTS NAME: _____

HOME PHONE # _____

CELL PHONE : # _____ (CARRIER): _____

Email address: _____

CREDIT CARD INFORMATION

- I understand there will be a 2.45% fee with a minimum service charge of \$3.00 for using a credit card

MUST BE FILLED OUT IN ORDER TO PROCESS:

MC ☐ DISCOVER ☐ VISA ☐ American Express ☐

EXP. DATE: _____

CARD NUMBER: _____

CARD HOLDER'S NAME: _____

----- OFFICE USE ONLY -----

DATE: _____

CHECK: _____ CASH: _____ CHARGE: _____

AMT: \$ _____

RECEIPT# _____

REFUND DATE _____ RECEIPT # _____

ADMIN FEE: _____ REFUND AMT

\$ _____

Refunds: Full refunds are given if we cancel the class. Refund - minus a \$10.00 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.



Parent Signature

